BRITISH MEDICAL JOURNAL:

BEING THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

EDITED BY ANDREW WYNTER, M.D.

No. CXXX.] LONDON: SATURDAY, JUNE 25, 1859. [NEW SERIES.

Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

SUMMARY OF THE TABLES OF CASES OF DIPHTHERIA.

THE cases which are reported in detail, and tabulated, are 74 in number; and to these must be added 55, reported more succinctly, from Canterbury, by Mr. Rigden; and a summary of 133 reported by Mr. Ellis of Woodhouse Eaves, near Loughborough (p. 420). We propose to lay before our readers the conclusions which may be deduced from the answers in the various columns of our table to the questions at the heads of the columns, with some approach to the accuracy of statistics; and shall add to this the more summary conclusions which the great experience of Mr. Ellis and Mr. Rigden has impressed upon them.

I. *Sex and Age.* Of the 74 cases in the table, the sex is not stated in 5 of them. The remaining show 40 females and 29 males. Of Mr. Rigden's cases, 31 were females and 24 males. So that we have, out of 124 cases, 71 females to 53 males. This shows a slight, but, considering the comparatively small numbers, not a very marked excess, in the female sex. Mr. Ellis says, on the contrary, that in his cases "the preponderance was slightly among the males". So that it would appear as if sex had little to do with the matter.

As to age, the conclusions are more distinct; all the various sources of information showing indisputably the much greater liability of childhood and early youth to this complaint. The 74 cases in the table may be thus divided—

Under 1 year	2
Between the ages of 1 and 5	15
„ „ 5 and 10	21
„ „ 10 and 15	7
„ „ 15 and 20	8
„ „ 20 and 30	14
„ „ 30 and 35	6
Above 35 (a man of 50)	1
	74

Mr. Rigden's table, divided in the same way, stand as follows:

Under 1 year	0
Between the ages of 1 and 5	10
„ „ 5 and 10	17
„ „ 10 and 15	6
„ „ 15 and 20	2
„ „ 20 and 30	11
„ „ 30 and 35	2
Above 35 (1, the oldest, being 42 years of age)	7
	55

Mr. Ellis's experience is to the same effect. In his first communication, he says there were "eleven adults out of sixty-nine"; and in his second, "eighteen of the sixty-four cases occurred in persons above the age of thirteen".

II. *Hygienic Conditions; Occupation; Food or Clothing; Purity or Impurity of Air.* On this head our information is not very clear. Out of the 74 cases in the table, it is true that 29 are marked as having been exposed to some depressing agency, either previous illness (Nos. 2, 6, 9, 10, 18, 36, 37, 42, 50, 53, 63); crowded ill ventilated dwellings (Nos. 17, 25, 26, 29, 37, 38, 45, 52, 69); the proximity of stagnant offensive water, or want of drainage (Nos. 1, 5, 25, 26, 29, 30, 31, 34, 55, 59, 62, 74); or a combination of such causes. But we must remember that these are causes from which a large proportion of the children of the poor, among whom this table is chiefly compiled, are never exempt; and that any depressing cause renders the person exposed to it liable to various diseases which have nothing special about them. The most striking example, however, of the apparent causation of diphtheria by neglect of hygienic precautions, was No. 1 of our table. The patient was the child of very rich parents, living in one of the best houses in one of the best situations in London, far from any contagion or other source of disease, except the presence of a stinking cistern at the top of the house near her playroom. On the whole, however, we must say that our table (composed principally of sporadic cases) does not show the action of such causes as these very strikingly; nor do the reports of Mr. Ellis and Mr. Rigden, which refer to distinct epidemics, speak more positively. The former says: "It does not appear that site, meteorological or hygienic conditions, had much if anything to do with the visitation of this frightful disease"; while of the 55 cases reported by Mr. Rigden, it is distinctly asserted in 35 that the residence of the patient, except for crowding in some instances, was in a satisfactory condition.

III. *Meteorological Conditions.* The third column was intended to show the meteorological conditions connected with the rise, progress, and disappearance of the disease. A simple inspection of the dates, however, will be sufficient to show that this is hopeless. The disease has prevailed so irregularly, and in such various and opposite states of the weather, that it would be useless to follow the inquiry further in our tabulated cases; and the same will be found to hold as to those from Leicestershire and Canterbury.

IV. *Presence or Absence of Contagion.* On this head, the evidence which we have collected seems to show that, although the disease may be communicated in this way sometimes, still this is not its usual method of advance. Of the 74 cases, in 26 notes are made of circumstances which render contagion more or less probable (Nos. 2, 5, 14, 26, 38, 40, 41, 46, 47, 48, 49, 50, 51, 56, 54, 60, 61, 62, 63, 64, 65, 67, 70, 71, 72, 74); in 24 cases, the possibility of contagion is denied; and in the others there is no note on the subject. Even in the cases which we have enumerated, the evidence does not show more in many of them than a bare possibility, such as living in the same house, being members of the same family, having recently come from a place where the disease was prevalent: in fine, having been exposed to the causes, whatever they may have been, which had produced the disease in others. The strongest proof of contagion in our list is perhaps Case LI, where the patient appears to have caught the disease from examining the throat of another patient mentioned in the list; and we may mention that a somewhat similar accident occurred to a medical friend of ours after examining a case of diphtheria, except that the sore-throat which soon appeared yielded to appropriate remedies. Mr. Rigden says the disease did not appear to be contagious, inasmuch as, although in some families several members were attacked, they were generally suffering from the disease at the same time; and there were several other families in which only one member was attacked, and yet there seemed no reason for the immunity of the others. Mr. Ellis says: "As to the communicability of the disease, I can scarcely venture an opinion; but, in several cases, two or three in a family were attacked by it."

V. *Scarlatina.* The information under this head goes entirely to negative the idea that the two diseases are in any way connected. In two cases only (Nos. 22, 41), another child in the same family was attacked with scarlatina during the progress of the disease. In the cases in which the facts were known, about an equal proportion had, and had not, had scarlatina. The experience of Mr. Ellis and Mr. Rigden is to the same effect: and in a note received from Mr. Wood of Woodhouse Eaves, he expresses his opinion that the two diseases have nothing in common.

vi. *The Symptoms, when first seen*, have usually been those of depression, accompanied by dysphagia, and, generally, external swelling of the neck, either from œdema or enlarged gland. Rigors and feverishness are only occasionally present. sometimes there were no constitutional symptoms at first, the case commencing merely as a common sorethroat; and it was not till some days afterwards that the patient summoned his medical attendant, and the diphtheritic exudation was detected. Sometimes symptoms of croup, or of inflammation of the trachea and bronchi, showed that the disease, or some other form of low inflammation was extending down the air tube.

vii. *Time and situation of the Leathery Membrane.* In the vast majority of the cases, the exudation was present when the case was first seen. This was so in all our tabulated cases with the exception of eleven. In six only was its appearance delayed till after the second day. In one of these, No. 13, it did not commence till the seventh day. Mr. Rigden confirms this view, "The first symptoms were generally those of the throat, with more or less false membrane, before medical assistance was sought. Great depression of vital power, with other symptoms of low fever."

Thus, it appears that although cases of diphtheria often commence as simple sorethroat, still that sorethroat is manageable, and under efficient medical treatment is usually arrested; so that it is rare to see the diphtheritic exudation commencing while the patient is under treatment.

The situation of the leathery membrane is almost always on the fauces or tonsils. Four cases only are noted in which it appeared on the mucous membrane of the mouth or tongue. Three cases are included in the list, on the authority of different observers, in which, although no false membrane was seen, the history and symptoms of the cases pointed so strongly to the identity of the disease with other cases of undoubted diphtheria, that it was concluded either that some part of the throat out of sight was affected, or that the membrane had been accidentally detached at the time of observation. With reference to the aspect of the mucous membrane under the false membrane, Dr. Ashley, of Kensington, especially noted the peculiar livid surface exposed by the removal of the exudation, which bleeds without any breach of continuity.

viii. As to the *Microscopical Examination* of this exudation with a view to determine the presence or absence of fungus, it is to be regretted that in so few of our cases has this been done. Twelve instances, however, are noted, and in all with negative results, except one, (No. 10) in which a fungus resembling *penicilium glaucum* was found after death. In this case the exudation was unfortunately not examined with the microscope during life; but in another from the same hospital (St. Mary's), and in two others, also from St. Mary's, the notes of which had not been preserved sufficiently to be tabulated, the membrane was carefully examined by Dr. Sieveking, to whom we are indebted for the notes of the examination, and the absence of fungus satisfactorily demonstrated. It will be seen on the other hand, that Mr. Ellis found a "distinct fungoid growth" in the only specimen he examined. On the whole, if we are justified in expressing any opinion from such an imperfect data, it would be that the presence of fungus is an accident, not an essential feature in the disease.

ix. *Other Affections Complicating the Disease.* We have notes regarding these in forty out of the seventy-four cases. In only seven of these was there any albuminuria. In one only was the quantity large (No. 56); in most it was only a trace. Mr. Rigden examined the urine in several cases; but always with negative results as regards albumen. Mr. Ellis says "the urine in general contained albumen; but in the last fatal case presented no trace of it." Thus it would seem that albuminuria is far from being a prominent symptom in this disease. The other affections noted, seem mere accidental complications.

x. *Treatment.* From what we have said about the uniformity, or at any rate, great prevalence of depression at the commencement of the attack, it may be naturally inferred that the general treatment has been of the tonic and stimulating plan; and this course has been so uniformly followed as to deprive us of the opportunity of contrasting it with any other. We are bound, therefore, to assume that the indications for it have been irresistible; although, as we shall see, its success has not been very encouraging. As to special medicines, chlorate of potash and sesquichloride of iron, have been employed about equally, and occasionally marked relief has been noticed to follow either one or the other. But the essence of the treatment seems to have been more in the general tonic plan than in the specific effect of any particular drug. Caustics have been used to the throat in almost all instances, and in some cases (under Mr. Crossman's care, No. 35-38) turpentine seems to have answered when other applications failed. Emetics have frequently been used, and often with good effect. (No. 44).

xi. *Indications and Success of Tracheotomy.* On the former point we have plenty of evidence; as the disease progresses it frequently passes down the back of the epiglottis, and sweeps rapidly down the air tubes, giving rise to all the symptoms of croup, and admitting of no rational hope of benefit after it has made certain progress, except from tracheotomy. The operation, however, has actually been performed very rarely—only three times out of the 74 cases in our table—and has been followed in all with fatal results. In No. 1 marked relief was afforded by the operation, and it seems to have been successful as far as relieving the dyspnœa goes, and the death appears to have resulted from the disease of the blood and not from any obstruction to breathing. In the other two cases it certainly failed (Nos. 3, 74). In the latter, where a perfect cast of the air tube was extracted, and the patient died a few hours after the operation, the broken edge made by removing the cast could be distinctly traced, and the subjacent layers of false membrane appeared to have accumulated in the short interval between the operation and death. In Mr. Moore's cases (Nos. 54-59) he mentions that in several he was nearly recommending the operation; and in some of Mr. Ellis's it was indicated, but not performed, on account of the prejudices of the patients' friends.

xii. *Mortality.* The grave nature of the malady is shown by the fact that out of the 74 cases in the tables, 26 died. Of asthenia fourteen; Nos. 6, 10,* 13, 22, 27, 28, 31, 47, 50, 52, 60, 70,† 72,† 73: of asphyxia seven; Nos. 3, 18, 19, 20, 21, 30, 74: of sudden syncope three; Nos. 1, 15, 32:‡ of bronchitis one; No. 53: of laryngitis, from imprudent exposure during recovery, one; No. 45.

Mr. Ellis reports 17 deaths out of 133 patients: Mr. Rigden 13 out of 55.

In many of the cases which recovered, the tediousness of the convalescence testified to the severe shock which the constitution had sustained.

xiii. *Post Mortem Appearances.* Here we have to regret that the many obstacles which constant occupation on the one hand, and rustic ignorance and prejudice on the other, throws in the way of country practitioners, has made the number of *post mortem* examinations so scanty. Ten only out of the whole number were examined after death (Nos. 3, 6, 10, 15, 19, 20, 21, 27, 73, 74.)

In some cases the mucous membrane beneath the exudation appeared unbroken; in others, abscess or ulceration had accompanied the diphtheritic inflammation; showing that there is nothing in the disease which prevents a breach of surface. In fact, in one of Dr. Ashley's cases it will be found that extensive phagedenic ulceration occurred, and extended to the neighbourhood of the carotid artery. In one case (74) slight incipient disease of the kidneys was discovered, perhaps the consequence of desquamative inflammation of their mucous membrane, sympathetic of the inflammation of the mucous membrane of the throat; in another (No. 73) the purpuric spots seen in almost every part of the body, on the surface of the heart and liver, and in many other situations, testified to the decomposition of the mass of the blood.

An American Samson. Dr. George B. Winship, of Roxbury, a young physician, twenty-five years old, and weighing 143 lbs., is believed by many persons who have examined into the question to be the strongest man alive. He can raise a barrel of flour from the floor to his shoulders; can raise himself with either little finger till his chin is half a foot above it; can raise 200 lbs. with either little finger; can put up a dumb-bell of 141 lbs.; exercises daily with dumb-bells weighing 100 lbs. each, which he can raise alternately above his head; and can lift with his hands 926 lbs. dead weight, without the aid of straps or belts of any kind. Topham, the strong man of England, could only raise 800 lbs. in the same way; and the celebrated Belgian giant could only lift 800 lbs. With straps it is supposed a person could lift nearly four times as much as by his hands alone. If this is so, Dr. Winship can lift at least 2,500 lbs. Dr. Winship is a thorough gymnast; and when he graduated at Cambridge, five years ago, he was without a competitor. (*Salem Observer.*)

---

* With relapse. † Both babies, under 1 year.

‡ Supposed to be caused by the formation of clots in the heart or great vessels.

Original Communications.

CASE OF STERILITY, DEPENDING ON DISEASE OF THE RECTUM, SUCCESSFULLY TREATED: WITH REMARKS.

By THOMAS SKINNER, M.D., Liverpool.

[*Read before the Medical Society of Liverpool, May 5th, 1859.*]

CASE. Mrs. —, aged 20, six months married, of strumous diathesis, but well developed every way, consulted me for the two following reasons: first, that her husband was vexed because she was not likely to have a family; and secondly, she complained very much of obstinate constipation, of the discharge of a fistula, and of the passage of flatus through the same; particularly when in company, as the passage of flatus was wholly beyond the control of the sphincter ani.

On May 10th, 1858, I made a careful examination of the patient. I found her to be the subject of the following pathological conditions:—About one inch or more on the right side of the anus were two fistulous openings, communicating with each other; and at the base of the right labium was a third, also communicating with the other two openings; and all three led to a fistulous communication with the rectum, and apparently opened into an old standing ulcer on the coccygeal aspect of that viscus. The ulcer was larger than a shilling when stretched with the speculum ani, and was situated about one inch above the sphincter.

The patient complained of pain during defæcation, particularly when the bowels were in any way constipated, at which times bleeding would occur. Sometimes the irritation of the ulcer and the fistula would pass on to inflammation, aggravating her misery by the attendant pain and feverish debility; and particularly by the profuse flow of pus from the fistula, staining all her linen and causing a constant disagreeable odour about her person, and a still more disagreeable one by the unavoidable passage of flatus, which, on such occasions, was very much increased.

This patient was also the subject of herpetic and eczematous eruptions of various regions of the skin, and of occasional glandular swellings.

The organs of generation, externally, were perfectly normal, with the exception of the fistulous sinus at the base of the right vulva. Internally, the uterus was completely retroflexed, as ascertained by touch and the use of the uterine sound; the fundus, as usual in such cases, being somewhat enlarged, as also the lips of the os. Internal and external manipulation of the uterus was unattended with pain or inconvenience, and there were no unnatural discharges from the uterine or vaginal mucous surfaces.

While examining the cervix and os uteri, I was struck with the crescentic form of the os, and the enlarged condition of the cervix, which was much expanded laterally. Although she was only six months married, I suspected a previous pregnancy; the more so as the cavity of the uterus measured nearly three inches. Fearing to be caught in a mistake on so delicate a point, I passed my hand over the right iliac side of the abdomen, and discovered the distinct presence of the *lineæ albicantes abdominales*, characterised by Montgomery as evidence of the previous existence of an abdominal tumour of considerable dimensions; and, to make more sure, I examined the right breast, the areola of which was distinctly not that of a virgin. Taking these signs into account, I had little doubt that my patient had been previously delivered of a child; and I asked if such was not true. In great consternation, she asked me how I knew? I told her I strongly suspected so from the symptoms I have just narrated. She then told me she had committed a *faux pas* in a large town in the United States of America some years ago, and when she was nearly six months pregnant her paramour took her to some one whom she believed to be a surgeon, and who induced premature labour for forty of the almighty dollars.

This was direct evidence that at one period of her life the reproductive organs had been in an active and healthy condition. We may safely presume that the retroflexed condition of the uterus was subsequent to the induction of premature labour; and it is more than probable that the fistula, sinuses, and ulcer, were also subsequent to this operation. The patient thought so herself.

I was doubtful whether the sterility at the present time depended upon the displaced uterus, or on the existence of the fistula and ulcer of the rectum, or on both. I judged it wise practice, however, to leave the retroflexion alone, and attend to the state of the rectum and anus.

On May 12th, 1858, she agreed to undergo any operation for the chance of permanent relief, particularly when I told her there was a chance of "killing two birds with one stone," as she might become a mother. I thought it prudent, as a preliminary step, to examine her chest. I found it in every way normal, and there was no reason to suspect disease of the abdominal viscera.

Operation. The bowels having been previously moved by castor oil and an enema of barley water, I exposed the ulcer on the coccygeal aspect of the rectum. I then injected, through the principal cutaneous opening of the fistula, some sweet milk, in order to ascertain the exact situation of the communication with the rectum. The milk was seen to pour into the speculum through the middle of the ulcer. I then injected a little tepid water to clear away the milk. With a tenotome I incised the ulcer in its entire length, without dividing, intentionally, a single fibre of the sphincter ani, as first recommended by Mr. Quain, of London. Immediately thereafter, I injected, through the cutaneous openings of the sinuses and fistula, half a drachm of the tincture of iodine of the Edinburgh *Pharmacopœia;* the strength of which is half a drachm of iodine to an ounce of spirit.

The injection stained some dry cotton wool which was inside the blades of the speculum, so that it had passed through the entire extent of the fistula. This was immediately followed by considerable burning pain, although I had taken every care to protect the mucous surface of the rectum and anus. I immediately introduced a suppository of half a grain of morphia. I would here remark that I have often used this strength, and four times as strong, to inject callous fistulæ; but in this instance the number and the extent of the sinuses, and the supersensitiveness of the tissues, was much greater than I have generally experienced.

The after treatment consisted of a grain of opium night and morning, with good nourishing liquid food and rest on a sofa.

In three days the ulcer was completely cicatrized, and the sinuses and fistula were firmly obliterated with plastic lymph; the skin over the course of the sinuses being much puckered, and a distinct subcutaneous induration was easily discernible by the touch. From this moment my patient considered herself a new being; the discharges and irritation arising from the ulcer and fistula entirely ceased, as also the passage of flatus and the pain in defæcation. I might add, that on the second day my patient felt the same as she did on the third day; and on that day she said she was "as well as ever she had been in her life." This is certainly a very different state of matters from incision, more especially when we take into account the number and the extent of the sinuses.

I have before stated that I operated on May 12th, 1858. On May 20th thereafter, her period commenced; and on the 23rd it ceased. It is interesting to have to add that on February 27th, in the present year, exactly two hundred and eighty days from the day she last menstruated, and two hundred and ninety-one from the day I operated, I delivered her of a healthy and fully developed female child.

I shall now state a few facts in connection with the history of her period of utero-gestation:—

Reduction of the Gravid Uterus. At a period corresponding to the close of the eighth week, I reduced the retroflexed uterus with ease, by a method somewhat my own, the description of which I will reserve until our Annual Meeting, in Liverpool.

When she was four months pregnant, I was suddenly called to her, as she had fallen, face foremost, from the top of a wooden staircase of fourteen steps. I suspected that at least there would be a return of the displacement; but, on my arrival, I found her all right; and that she was more frightened on account of the danger to her four-month-old, than hurt herself.

About the eighth month, I was again called to her, on the occasion of a similar mishap, as she had fallen down another staircase of twelve stone steps, on her back. As on the previous occasion, both mother and fœtus escaped with impunity. Within twelve days of her confinement, she again fell, when rising from her chair at the fire, injuring her right eye and ankle; producing considerable ecchymosis of the eye, and a contused wound of three inches in length on the ankle. On

this occasion, a large quantity of clear, limpid urine was discharged involuntarily; but not altogether unconsciously. In spite of all these accidents, the uterus retained its normal position, and completed its natural term of uterogestation with safety, both to mother and child; which was twelve days after the date of the last accident, two hundred and eighty from the cessation of the catamenia, and two hundred and ninety-one days from the date of my operations.

I may observe that these repeated accidents were the result of a hysterical form of epilepsy, answering very much to the "*petit mal*" of French authors, as they were attended with little more than a momentary loss of consciousness. They were limited to the latter half of the term of gestation. Zinc and arsenic, with good diet and open air exercise, seemed to have great control in lessening the frequency of the attacks.

To complete her history, I may briefly state that her labour was every way natural; not so her recovery. Her child died on the third day from syncope, during an attack of infantile colic. The patient herself then had a severe rigor, and was threatened with inflammation of the left breast, which was checked by the timely application of leeches and other antiphlogistic measures. On the ninth day, she was seized with scarlatina anginosa. She weathered this fearfully fatal complication; but one of its terminations, or sequelæ, was the formation of a phlegmonous abscess, pointing in the site of the old fistula; and, though an early opening was made, it was followed by a renewal of the fistula; which also communicated by ulceration with the rectum. I am happy to be able to state that I have since repeated the operation by injection, with similar success; and she called on me on April 16th, to state that she "had ceased to be poorly, and had been sick at the stomach for the last two days, particularly during the fore part of the day."

So far as the retroflexion is concerned, although every means and care were taken to prevent its return during and after confinement; yet, when I examined her the other day, it was as much, if not more, retroflexed than it was before her first conception. Notwithstanding this, there is every likelihood she has again conceived.

Remarks. It may be disputed whether this is a case of genuine sterility; but it must be remembered that sterility does not depend upon endometritis alone, or any of its results, as was observed in most of the cases recorded by Dr. Whitehead, of Manchester, and others who have specially directed their attention to this subject. Sterility, I conceive, is a general term, synonymous with barrenness, and ought not to be restricted to those cases only, the etiology of which depends solely upon a pathological condition of the internal or external organs of generation. Mr. Baker Brown has very properly observed, "That any irregularity, or interference with the functional action of any one part of the body, affects more or less the whole body. If this law pertained to the body generally, how much more must it pertain to the female organs of generation, where the slightest deviation from normal functional action must materially interfere with the delicate physiological process of impregnation, and the contiguous organs. It must be borne in mind that both the *rectum and uterus* are supplied with blood from the internal iliac artery, and with nervous influence from the sacral plexus; and that, therefore, disease, or functional derangement, in the one part, or organ, must interfere with the other." (*Lancet*, February 28th, 1857.) In other words, the sympathy between the uterus and rectum is very great, both physiologically and pathologically. We know the value of stimulating enemata in *inertia uteri* during labour; we know that drastic purgatives and medical substances having a specific action on the lower bowel tend to bring on abortion, and I have no doubt they are a frequent source of sterility in those females who are in the constant habit of using them; we know how very often spurious pains depend upon the accumulating of fæcal matter, or vitiated secretions in the lower bowel, with their accompanying flatulence. In the same number of the *Lancet*, Mr. Brown alludes to fissure of the anus by reflex actions, giving rise to all the phenomena of uterine inflammation, and leading, or rather misleading the medical attendant to the needless employment of leeches and caustics to the cervix uteri for months and years. I feel sure that most of us can indorse Mr. Brown's statement by our own experience, thereby proving the intimate physiological and pathological relation existing between the uterus and rectum.

I am perfectly willing to own that females with fistula *in ano*, with ulcers and hæmorrhoids of the rectum, yea, even with far advanced cancer of the uterus and rectum, may conceive and bring forth, but they are far from being the rule.

Although the case I have narrated was only six months sterile, the query may reasonably be advanced, how much longer might she not have remained so, if I had not interfered? Besides, as conception has followed so close on the cure of the ulcer and fistula on two separate occasions, *notwithstanding the existence of retroflexio uteri*, I am inclined to believe with Mr. Baker Brown and other observers, that fistula *in ano*, and other morbid conditions of the rectum and anus, may be in themselves efficient causes of sterility.

I am aware that this interesting case embraces several important practical points in obstetric surgery; but as space forbids any further remarks, I will prepare them as an original article for a future number.

Note.—On revising the proof for the press, June 21st, 1859. There is no longer any doubt about the second conception, as the lady has miscarried.

SIMPLE COLIC.

By John Watson, M.D., Southampton.

The art of medicine has in many respects failed to keep pace with the science which it should represent. The growing distrust among us of medication founded on mere habit, and having no well understood or definite object to accomplish, is one of the proofs of this position. Rest, exercise, the application of heat or cold, climate, aëration, appropriate diet and regimen—the bringing to bear of physiological laws upon pathological conditions—such means of combating disease have become increasingly available, and their efficiency a great and important truth. One consequence of this is, that all medical treatment is growing simpler and more rational.

These thoughts have been suggested by the recent treatment of a severe case of simple colic, on the recollection of the roundabout method of managing such cases which in my own practice has insensibly of late years become superseded by one very plain and inartificial. I am only expressing general experience, in saying that by temporising management many of these cases are converted into serious forms of abdominal disease, or tedious and protracted states of indisposition. When it is borne in mind that the spasm which constitutes the disorder under notice is caused, in the vast majority of instances, by the presence of some *irritant*, either indigestible food or acrid secretion, etc., retained in contact with the mucous surface of the gut, what can be clearer than that its expulsion is indicated? And yet the indication to relieve pain by the exhibition of repeated large doses of opium, which add greatly to the difficulty of fulfilling this ruling indication, is very commonly allowed the precedence. In a matter of common-place it is not necessary to enter into much detail. It will be sufficient to say that, both in adults and infants, I have found the administration of an enema of castor oil and gruel, or of warm water only, answer admirably, by almost immediately exciting the peristaltic action of the bowels, and so in a very few minutes removing the pain and tension which characterise the attack. Should one enema prove ineffectual, it may be repeated, and have its strength increased by adding a proportionate quantity of oil of turpentine. The abdomen may be fomented, and the patient restricted to demulcents. If not thus relieved, the case has probably passed from the category of simple colic, when the ordinary antiphlogistic measures are imperatively called for.

I apprehend that the action of an enema in the removal of distant spasm, under ordinary circumstances (that is to say, all vital and mechanical causes of obstruction being absent), is easily explained. The normal movement of the upper portions of the alimentary canal is very closely dependent upon the portion immediately below them; and thus, step by step, the lower part by being emptied becomes in a state to receive the contents of that above it, and this latter is rendered by a sort of consent sensitive to the presence of its contents, which induces a reflex action in its muscular coat; and thus an expulsory movement in the rectum propagates itself sympathetically along the colon to the whole of the intestines. These considerations render it very intelligible why in the cases before us the enema cannot be displaced by a purgative given by the mouth.

I confidently recommend this simple mode of treating simple colic to such of my readers as have not yet fallen into the use of it.

A Course of Lectures
ON
URINE, URINARY DEPOSITS, AND CALCULI.

DELIVERED AT THE PATHOLOGICAL LABORATORY, DURING THE SESSION 1857-58.

BY
LIONEL BEALE, M.B., F.R.S.,
PHYSICIAN TO KING'S COLLEGE HOSPITAL; PROFESSOR OF PHYSIOLOGY AND GENERAL AND MORBID ANATOMY IN KING'S COLLEGE, LONDON; ETC.

LECTURE III.

Healthy Urine. III. INORGANIC CONSTITUENTS. *On the Salts generally; Changes effected in the Composition of the Salts by Incineration: Proportion of the Saline Matter in Urine: Phosphates; Common Phosphate of Soda; Alkaline Phosphate of Soda; Acid Phosphate of Soda; Phosphate of Soda and Ammonia; Phosphate of Magnesia; Phosphate of Ammonia and Magnesia; Phosphate of Lime; Estimation of the Alkaline and Earthy Phosphates; Quantity: Sulphates; Quantity; Estimation: Carbonates: Chloride of Sodium; Quantity; Detection; Circumstances affecting the Excretion of Chloride of Sodium: Bases in Urine: Soda and Potash: Lime: Magnesia: Iron: Silica: Alumina: Systematic Quantitative and Qualitative Examination of the Saline Matter of Healthy Urine.*

III.—INORGANIC CONSTITUENTS OF HEALTHY URINE.

[*Continued from page* 468.]

Earthy Phosphates.

The earthy phosphates met with in the urine are—1. The *ammoniaco-magnesian phosphate*, also termed *triple phosphate*, or *phosphate of ammonia and magnesia*; 2. *Basic phosphate of ammonia and magnesia*; 3. *Phosphate of Magnesia.*

These earthy phosphates occur in very small quantity in urine. The secretion in health contains not more than from 1 to 1·5 parts in 1000, and the solid matter contains from 1·5 to 2 per cent. The quantity present in different cases undergoes but slight variation, and seems to be determined, to a great extent, independently of the chemical changes going on in the body. Most of the solids and fluids of the organism contain small quantities of the earthy phosphates. The amount depends in great measure upon the quantity of alkaline earths present.

In healthy urine, these earthy phosphates are held in solution, in all probability, by the free acid of the urine, and in some measure by the acid phosphate of soda. The chloride of ammonium present may also contribute to maintain the earthy phosphates in solution in the urine (Dr. G. O. Rees). Very slight changes are sufficient to cause the precipitation of the ammoniaco-magnesian phosphate; and beautiful crystals of this salt are sometimes formed in urine which has a decidedly acid reaction.

We must carefully distinguish between *excess* of phosphates in the urine and a *deposit* of earthy phosphate; for we may suppose a large quantity of earthy phosphate in urine to pass unnoticed by the practitioner, because it is in a state of *solution;* while a smaller quantity in an *insoluble* state is likely to receive from him a larger share of attention than its slight importance demands.

Precipitation of Earthy Phosphates by Heat. It is very important to bear in mind that the earthy phosphates are precipitated from some specimens of urine by heat. This precipitate closely resembles that which is produced, in many specimens of albuminous urine, upon the application of heat. It is, however, at once distinguished from albumen by the addition of a few drops of nitric acid, which instantly dissolves the phosphate, while albumen is unaffected by it. Such a mistake has many times been made; and I need hardly say how important it is to avoid the possibility of such an error, as it may lead the practitioner to form an unfavourable prognosis in a case in which there is really no cause whatever for anxiety. The cause of this occasional precipitation of earthy phosphate is obscure. By Dr. Rees it is attributed to an excess of the phosphates being held in solution by chloride of ammonium. Dr. Brett considers that in these cases it is dissolved by carbonic acid; while Dr. Bence Jones attributes this precipitation to the excess of free acid of the urine being neutralised by an alkali, or by common phosphate of soda.

Phosphate of Lime—3 Ca O, PO^5—exists in healthy urine dissolved in acids, in certain salts, or in organic matters. Phosphate of lime is soluble in a solution of carbonic acid, in bicarbonates, and in chloride of ammonium. Albumen and fibrine always retain a certain quantity, and casein holds a large amount in solution. It is found in almost all the tissues, and, when separated, usually occurs in an amorphous state. The ash of urine contains between 2 and 3 per cent. of this phosphate, and that of excrements upwards of 12 per cent. It may be obtained in quantity from bones.

Acid Phosphate of Lime—2 Ca O, HO, PO^5+3 HO. The existence of this phosphate in urine constantly, is questionable; but, as before remarked, the composition of the phosphates is constantly altering; and an acid phosphate of lime is readily formed by the action of an organic acid on the neutral phosphate of lime.

Phosphate of Ammonia and Magnesia, Triple, or Ammoniaco-Magnesian, Phosphate—NH^4 O, 2 Mg O, PO^5+12 HO. The presence of this salt, which is so frequently met with in the animal fluids, usually depends upon decomposition having commenced, in which case the ammonia set free combines with the phosphate of magnesia to form the triple phosphate. At the same time, there can be no doubt that crystals of triple phosphate are sometimes found in acid urine—not merely forming a pellicle which alone is alkaline, while the fluid beneath retains its acidity (Thudichum)—but as a distinct deposit, leaving a clear supernatant fluid. Lehmann and other observers doubt the correctness of this observation; but the fact has been observed in this country several times, and I have noticed it myself more than once or twice. It is quite possible that the acid reaction may depend upon chloride of ammonium, or some other neutral salt which reddens litmus, and not upon the existence of a free acid.

Crystals of triple phosphate are slightly soluble in pure water, but are rendered quite insoluble by a trace of ammonia and ammoniacal salts. They give beautiful colours when examined with a ray of polarised light.

Phosphate of Magnesia—3 Mg O, PO^5+7 Aq. This phosphate is found in considerable quantity in the urine of certain herbivorous animals, and it appears to be a constituent of certain urinary calculi. It is doubtful if it is often present in human urine; but Robin and Verdeil have discovered it in several organs, and also in morbid products. In animal fluids generally, the phosphate of magnesia combines with ammonia, forming the salt which has just been described. When discussing the deposits of phosphates, I shall have to revert to this subject.

Microscopical Characters of the Earthy Phosphates. The phosphate of lime is usually deposited from urine in an amorphous form. Under the microscope, even when the highest powers are employed, the deposit is found to consist of minute granules. (*Illustrations*, Plate XXI, fig. 4.) Occasionally it occurs as round or oval particles of a high refractive power. Sometimes two of these small particles are connected together, and produce a crystal of the dumb-bell form. They vary much in size, but are usually very small.

The phosphates of magnesia crystallise in several different forms, which seem to be determined by slight changes in circumstances. The first is the stellate form, which occurs when ammonia is added to healthy human urine. The crystal consists of from four to five feathery rays, with a minute oval mass situated at the origin of each ray from the centre. These crystals gradually assume the more common form of the triple phosphate: secondly, that of a beautiful triangular prism, with obliquely truncated extremities. Great variation, however, is observed in the form of these crystals; sometimes they appear almost square; and frequently they might be mistaken for octohedra, in consequence of approximation of the obliquely truncated ends, and the shortening of the intermediate portion of the crystal. The feathery crystals of triple phosphate are represented in the *Illustrations*, Plate IX, fig. 2. After standing for some time, the rays alter in shape, and gradually little triangular crystals begin to make their appearance, as represented at *a*. After the lapse of some days, they are entirely converted into the ordinary triangular crystals. (Pl. IX, fig. 1; Pl. XXI, figs. 1, 3; Pl. XXIII, fig. 1.) An unusual form of magnesian phosphate crystals is represented in fig. 237, p. 324, of *The Microscope in its Application to Practical Medicine.*

Estimation of the Earthy and Alkaline Phosphates. The earthy phosphates (*phosphate of lime* and *phosphate of magnesia*) are easily detected by ammonia. If I add a few drops

of solution of ammonia to this specimen of healthy urine, a turbidity is soon observed, owing to the precipitation of phosphate of lime in an amorphous form, and triple or ammoniaco-magnesian phosphate in flocculent snow-like crystals, which increase in size for some time after their first precipitation. Stirring favours the separation of the phosphates; but the form of the crystals must, of course, be studied in a mixture which has been allowed to remain quiet. If it is required to estimate the proportion of these earthy phosphates, it is only necessary to separate them by filtration, ignite in a platinum capsule, and weigh the ash.

Alkaline Phosphates. The phosphoric acid combined with the alkalies may be precipitated from the fluid filtered from the earthy phosphates by the addition of a salt of lime or magnesia, when an insoluble deposit, composed of phosphate of lime or phosphate of ammonia and magnesia, is produced. If we wish to ascertain the quantity of alkaline phosphates present, it is only necessary to filter the precipitate, dry, ignite, and weigh it. From the phosphate of lime or phosphate of magnesia it is easy to calculate the proportion of phosphoric acid present; but, for ordinary purposes, it is enough to consider the weight as corresponding to the quantity of alkaline phosphates present in the urine, there being but slight difference in the equivalent numbers of the salts. The volumetric method of estimation, in which the phosphate is precipitated by a persalt of iron, will be described in a future lecture. Nitrate of silver produces in urine a yellow precipitate of tribasic phosphate of silver, which is soluble both in excess of ammonia and also in nitric acid. Upon adding a few drops of the former to the yellow deposit in this test-tube, it instantly dissolves. Now, when I add just nitric acid enough to neutralise the ammonia present, the yellow precipitate reappears; but, when I allow one drop more to fall in, it is immediately redissolved. I might repeat this many times. The precipitate of *chloride* of silver is quite *insoluble* in nitric acid, although soluble in ammonia; so that, in testing for chloride of sodium in urine, it is always important to add a few drops of nitric acid, to prevent the precipitation of the phosphate of silver.

Sulphates. Unlike the phosphates, the sulphates are present in very small quantities in the fluids of the body generally. The urine, however, contains a large quantity. This class of salts is not present in the milk, bile, or gastric juice. The blood contains only ·20 per 1000; while, in healthy urine, sulphates exist in the proportion of from 3 to 7 parts per 1000.

The proportion of sulphates undergoes a considerable increase after violent exercise, and under the influence of a purely animal diet—conditions under which the urea suffers a considerable augmentation. In fact, in all those conditions which are associated with an increased formation of urea, a large proportion of sulphates will also be observed. It would appear that the oxygen, hydrogen, carbon, and nitrogen of the albuminous substances, are eliminated in the form of urea; while the sulphur is removed in the state of sulphuric acid.

Dr. Bence Jones's experiments have shown that both vegetable and animal food increase the proportion of sulphates in the urine. When sulphuric acid, sulphur, or sulphates, are taken internally, the amount of these salts is augmented. These facts prove that the sulphates found in the urine are in great part formed during the disintegration of tissues. They must be regarded as excrementitious, and are probably not concerned in the nutrition of tissues.

The sulphuric acid eliminated in the urine occurs in the form of sulphate of potash and soda.

The urine contains about 3·5 grains per 1000 of sulphate of potash, and about 3·0 grains of sulphate of soda. About thirty grains of sulphuric acid, corresponding to about fifty-seven grains of the mixed sulphates, are excreted by a healthy man in twenty-four hours.

Sulphate of Lime has not been detected in human urine, but it has been found in that of animals, and is a constituent of some urinary calculi. I have seen crystals of sulphate of lime in the uriniferous tubes; and it is probable that it may be present in the urine, in some cases, in appreciable quantity. Traces of sulphate of lime are found in the blood. It is found in the pancreatic juice which has been kept for a few hours in a warm place, so that decomposition of some of the organic materials may take place.

The sulphates present in the urine are all soluble, like the alkaline phosphates; and, in order to prove their presence in a fluid, it is necessary to add some salt, the base of which forms an insoluble precipitate with sulphuric acid. Baryta salts are the most convenient for this purpose. Either the nitrate of baryta or the chloride of barium may be employed. In testing for sulphates in urine, it is necessary to add a little free nitric or hydrochloric acid previous to the addition of the baryta salt, in order to prevent the precipitation of a *phosphate* as well as a *sulphate* of baryta. The former is very soluble in free acid; the latter quite insoluble. If the quantity of sulphate is to be estimated, it is necessary to boil the mixture, or to drop the baryta salt into the boiling solution; otherwise the precipitated sulphate of baryta will pass through the pores of the filter. The phosphoric acid may be estimated in the clear fluid which passes through the filter by the addition of ammonia, which throws down phosphate of baryta. The contact of the air must, in this case, be avoided.

Carbonates. Carbonate of soda is not usually reckoned as a constituent of healthy urine, as its presence is entirely dependent upon the kind of food which the person has taken. For instance, carbonate of soda will often be found in the urine after large quantities of fruit have been eaten, in consequence of the salts of the vegetable acids becoming converted into carbonates during their passage through the organism. In the urine of herbivorous animals, alkaline carbonates are found; and frequently the carbonate of lime is also present. In the urine of rodents, these salts, particularly the latter, are abundant. Moreover, carbonate of soda may actually have been present in the urine, although it cannot be detected in the ash; for, if common phosphate of soda be heated with carbonate of soda, the carbonic acid is expelled, and the tribasic phosphate of soda remains. Hence the absence of carbonate from the ash of urine is not always a positive proof that the fluid did not contain lactates before it was subjected to chemical operations. On the other hand, a carbonate may be detected in the ash, although none was present in the urine, in consequence of the decomposition of oxalates and lactates during incineration.

Testing for Carbonate. The presence of carbon is very easily recognised by the effervescence set up immediately a little dilute acid is added to the ash. The best plan to test for carbonate in the ash is the following. A small portion of the dry ash is placed on a glass slide, and covered lightly with an ordinary square of thin glass. A drop of acid is then allowed to fall on the glass, so that it will gradually pass between the glasses by capillary attraction, and come into contact with the salt. If any bubbles of gas escape in consequence of the action of the acid, they will be confined beneath the thin glass, and one cannot fail to see them. If they be very small, the specimens may be subjected to microscopical examination. In this manner, the slightest trace of carbonic acid can hardly escape notice.

If the quantity of carbonate is to be estimated, the ash must be placed in a little apparatus, from which it is conducted by a tube into another vessel containing lime or baryta water; or it may be caused to pass through the potash apparatus used in organic analysis. From the weight of the carbonate, that of the carbonic acid is easily calculated. In the last case, its weight is obtained directly.

Chloride of Sodium. Common salt is always present in healthy urine, although the proportion is liable to great variation, owing to the circumstance that the chloride of sodium is always derived from the food. The importance of this substance to the organism is sufficiently proved by the fact that all kinds of food contain a certain quantity, and almost every specimen of water holds some proportion in solution. Again, it is well known that the health of animals deprived of the proper amount of salt deteriorates. It is to be detected in nearly all the tissues of the animal body, and is found in large quantity wherever cell-development is actively going on. This is true both with regard to healthy tissues and morbid growths. Common salt crystallises in cubes; but, in the presence of urea and some other organic substances, it assumes the form of a regular octohedron. As is well known, it is readily soluble in water (31·84 parts in 100), diffuses itself rapidly through a large bulk of fluid, and, in a dilute state, permeates tissues with great facility.

Besides common salt, urine also contains a certain quantity of chloride of potassium.

Quantity. Healthy urine contains from three to eight grains of chloride of sodium in 1000; the solid matter, about 6 per cent.; and the fixed salts, about 25 per cent. or more. Under ordinary circumstances, from 100 to 300 grains of salt are removed from the body in twenty-four hours; but the proportion is influenced by a great variety of circumstances, and is especially affected by the quantity of fluids taken. The amount is very variable in different individuals, according to the proportion of salt taken with the food. The secretion of

chloride of sodium, as you would suppose, attains its maximum a few hours after a meal, and but little is eliminated during the night.

Detection. Chloride of sodium is very easily detected in urine. It is only necessary to acidulate the specimen with a few drops of nitric acid, and then add nitrate of silver. The white precipitate of chloride of silver is quite insoluble in nitric acid, but soluble in ammonia. In order to make a quantitative determination, the chloride of silver is to be dried; and it should be burnt and fused in a *porcelain* capsule before being weighed. The volumetric process, however, is the most accurate.

Circumstances affecting the Excretion of Salt. Chloride of sodium is not formed in the organism, but seems to exert some important and beneficial effects during its passage through the tissues; and whenever the nutritive changes are very active, there seems to be an unusual demand for chloride of sodium. But the precise part which the substance plays is at present unknown. The quantity of salt excreted in the urine undergoes great changes in certain diseases. We shall consider them in a future lecture. The proportion also varies considerably from day to day, under the influence of an ordinary diet in health; and the ingestion of large quantities of water causes the elimination of a greatly increased amount of common salt. Thus, in one experiment, continued for four days, the following results were obtained: During the first three days, about thirty-six ounces of urine were passed per diem; the specific gravity varied from 1015 to 1024. The total quantity of solid matter passed in twenty-four hours was about 750 grains, and the chloride of sodium amounted to 113 grains. On the fourth day a large quantity of water was taken; 258½ ounces of urine, of specific gravity 1003, were passed; containing a total of 1034·48 grains of solids, and 232·8 grains of chloride of sodium. The phosphoric acid was diminished, and the sulphuric acid was increased by upwards of one-third.*

Soda and Potash. In healthy urine but a very small quantity of potassium is present in the form of chloride; but of soda salts there is a large proportion. The potash salts, as was first pointed out by Liebig, are found in considerable quantities in the muscles, while the soda salts predominate in the blood. Although phosphate of potash be taken in the food, the corresponding soda salt, which is necessary to the blood, is still found in that fluid; and there can be no doubt that in the organism the chloride of sodium is decomposed by the phosphate of potash—a phosphate of soda, and a chloride of potassium being formed.

To separate the sodium from the potassium in urine, a somewhat tedious analysis, of which I will just give a rough outline, is necessary. After destroying the organic matter by ignition, the whole of the phosphoric and sulphuric acids are removed, and the potassium and sodium converted into chlorides. A solution of bichloride of platinum is then added, and a chloride of potassium and platinum, and a chloride of sodium and platinum are formed. The potassium salt is most insoluble, and separates in the form of small octohedra, which do not polarize light. These may be separated by filtration. The sodium salt remains in solution, and may be obtained in the form of crystalline needles by concentrating the solution. These crystals exhibit the most beautiful colours when a ray of polarized light is transmitted through them.

Lime may be detected in urine by dissolving the salts in acetic acid, and adding a little oxalate of ammonia to the filtered solution. Oxalate of lime is precipitated as a white, granular powder, which passes through the pores of a filter, unless the mixture be boiled previous to filtration. As already mentioned, lime occurs in urine as a phosphate, and occasionally as a carbonate. It forms a urinary calculus very rarely met with in man; but not uncommon in some herbivorous animals. The urine of the horse always contains a number of spherical masses, composed of carbonate of lime, which may be regarded as microscopic calculi.

Magnesia must be precipitated as ammoniaco-magnesian phosphate, from a concentrated solution of the salts after separation of the lime. The solution should be evaporated to a small bulk, and when quite cold a little of the solution of phosphate of soda should be added to the mixture, rendered alkaline by the previous addition of ammonia; unless there be already a sufficient quantity of ammoniacal salt in the mixture, some muriate of ammonia should be added, as the magnesian salt is slightly soluble in pure water, but insoluble in solutions of ammoniacal salts.

* These analyses were performed by my friend and former assistant, Dr. Von Bose.

The solution should be stirred in all cases, and by this means a precipitate can often be produced, although before not the slightest turbidity was observable.

Iron. Traces of iron may be detected in healthy urine if a large quantity of the secretion be operated upon. Like many other mineral substances, iron passes off in small quantities in the urine, and is generally found in the urine of persons taking preparations of iron. Dr. Harley has shown that iron is a constituent of one of the colouring matters of the urine (*Uræmatine*).

Silica. Berzelius, many years ago, demonstrated the presence of *silicic acid*, or silica, in urine. Mere traces are met with in the ash after the removal of the salts insoluble in water, by the addition of strong nitric acid. The silica remains undissolved. This substance is derived principally from wheat, which, like other plants belonging to the cerealia, contains a considerable proportion of silica. Silica has been occasionally met with in urinary calculi, in appreciable quantity.

[*To be continued.*]

Transactions of Branches.

EAST YORK AND NORTH LINCOLN BRANCH.

PRESIDENT'S ADDRESS.

By THOMAS SANDWITH, M.D., Beverley.

[*Delivered at the Annual Meeting, May 26th, 1859.*]

GENTLEMEN,—If we are to believe many of our contemporaries, we have not only *new* diseases, but *new* remedies and *new* methods of treatment. A little medical antiquarianism, however, will, I think, show them the fallacy of some of these opinions, and satisfy them that there really are no new diseases, and that many of the remedies and practices supposed to be new were familiar to our forefathers. The same scepticism which, in times past, consigned to oblivion many valuable medicines, prevails at present, even in quarters where better things might have been expected; and, when a new *Pharmacopœia* makes its appearance, many formulæ we now regard as almost infallible will, no doubt, be sent to "the tomb of all the Capulets", hereafter to appear as new inventions and discoveries.

1. The profession was under deep obligations to the late Mr. C. Haden for the revival of the use of *colchicum* in gout and rheumatism, in which diseases the remedy is so singularly efficacious as to be entitled to the appellation of a specific. But the virtues of colchicum were known to Schroder, who flourished more than two centuries ago, and who, in his *Pharmacopœia* (p. 654), says: "Pituitam crassam, lentam, aliosque humores viscidos, peculiariter a junctures efficaciter trahit; ob id articulorum affectibus, chiragræ, podagræ, etc., conducit."

Whether the root called *hermodactyls* is colchicum, is uncertain. Some suppose it to be the *colchicum Illyricum* of Linnæus. It appears, however, to have been a certain remedy for the gout, and for this purpose was employed by Alexander of Tralles. In an old London *Pharmacopœia* (1627) is a formula for an electuary called Caryocostinum, the principal ingredients were hermodactyls and diagridium; and of its singular efficacy, Barys, the inventor, gives an instance in his own person. "When he was brought so low with the gout", says Harris, "that he could move neither hand nor foot, nor any part of his whole body besides the tongue; yet, upon taking half an ounce of the said electuary, after it had given him but four or five stools, he found himself so mightily relieved, that he was able to go of himself to and from his place of ease, and could take a walk freely into his study, although, upon the first operation of it, he was fain to be carried or lifted upon the stool by no less than four men. Nay, the very next day he was perfectly freed from his distemper." (Harris's *Pharmacopœia Anti-Empirica*, p. 296.) I need not add that, in the present *Pharmacopœia Londinensis*, there is no formula for the Caryocostinum.

The faculty were startled, some years ago, by the recommendation of large doses of *emetic tartar* in pneumonia by Laennec; but the claim to priority is due to old Marryatt, who, in his *Art of Healing* (1775), recommended the same practice in ardent fevers, peripneumony, and pleurisy. He began the treatment with five grains of emetic tartar, with a drachm of nitre or sugar, divided into six papers, one of which was to be

given every three hours. On the second day, the antimony was increased to seven grains, and on the third to ten. In the tenth edition of his work, he retracts a statement he had made in the first; viz, that "until sickness and vomiting were excited, the medicine was not to be depended on," having seen many instances where a paper had been given every three hours without any sensible operation, either by sickness, stool, or sweat; and, although patients had been unremittingly delirious for more than a week, with subsultus tendinum, and all the appearances of hastening death, they have all perfectly recovered, without any other medicinal aid, a clyster every other day excepted. (*Art of Healing*, 10th edit., p. 7.) I am told that the use of emetic tartar in pneumonia is exploded: why, I know not; for it is a very efficacious remedy.

Denarcotised opium, or the salts of morphia, is a great boon to the profession; but it was no secret to Paracelsus and Van Helmont. Cook, in his *Marrow of Surgery* (p. 616), gives a a formula for a preparation of opium made with the juice of quinces, and which is styled "*Laudan. liquid. cydoniat.* (Helmont). This", he says, "Dr. Willis gave me, engaging me not to discover it till after his death; which engagement I kept. He told me he had it from a German gentleman, who had the use of his chambers at Oxford, and said he had it from Helmont himself.

In the old London *Pharmacopœia* already mentioned, there is an analogous preparation, called *Nepenthes Opiatum*, in which the laudanum is first prepared with distilled vinegar, and then with spirit of wine. It is marvellous that so valuable a formula for an acetate of morphia should have been banished from the *Pharmacopœia Londinensis;* but so it is.

Experience has taught us that, on account of its narcotin, laudanum is a specific for delirium tremens, and that the salts of morphia are better adapted for pain in the stomach and bowels. This, however, was no secret to Thibaut, chemist to the French king, who says: "If the design be to appease the headache and correct insomniums, then laudanum prepared with spirit of wine is the best; but if it be to stop a diarrhœa or dysentery, or assuage the pains of colic, then laudanum prepared with vinegar is fittest." (*Art of Chemistry*, 1665; p. 195.)

An old method of denarcotising opium was *torrefaction*, which was strongly recommended by Harris. That the application of heat has this effect, is probable from this writer's account of the drug when thus treated. He observes: "If it be not so stupefactive as it was before, if it will not so suddenly ascend up to the brain, and inviscate the spirits so powerfully, it is so much the better for use; the more dangerous parts being separated, and those that remain being sufficient for our purpose." (*Pharmacopœia Anti-Empirica*, p. 204.) Another method was *evaporation*. The great Lord Bacon, who seems to have left nothing untried in the way of experiment, says: "Opium venenatæ quiddam qualitatis deperdit, si evaporaveris mixtum cum spiritu vini, aut simili quopiam." (*Sylva Sylvarum*, page 14.) Yet the late Dr. Curry, of Guy's Hospital, brought this forward as a discovery of his own.

The power of *mercury* in reducing enlargements of the liver was known to Helmont, and probably led to the indiscriminate use of mercurials in all hepatic affections. "Vidi enim frequenter, ex jecoris inordinatâ excretione, ventris tensionem mentiri hydropisin. Immo et in tabe extinctis, summàque macilentis, vidi jecur supra modum excrevisse, penitùs licet exsangue. Vim ergo crescitivam mercurius ille necat. De proprietate itaque mercurii est, vim accreticem hepatis extinguere." (*Ortus Medicinæ*, p. 417.) The combination of *calomel* and opium in the treatment of inflammations, so recently recommended by Elliotson, is but a revival of the plan of Dr. Hamilton, of Lynn Regis, who practised in Norfolk nearly eighty years ago. (*Med. Commentaries*, 1783, p. 191.)

And what are *iodine* and its salts—so efficacious in removing bronchocele—but the *spongia usta* of the older writers? The only discovery is, that burnt sponge owes its efficacy to iodine.

With what a flourish of pens was recently introduced the use of *mineral acids* in diarrhœa, which at that time were strictly forbidden in bowel complaints. The practice, however, was no secret to Boerhaave, who says: "Violent purging is suppressed and moderated by the use of soft oily medicines and emulsions, and by *acids*." "Even hellebore," he tells us, "given with spirit of sea-salt, will not purge; and scammony is so tamed with the fumes of sulphur, as also to lose its purgative force; so powerfully do *acids* resist the operation of purging." (*Academical Lectures*, vol. vi, p. 410.) Again, William Fordyce speaks of the wonderful power of mineral acids, mixed with opiates, in the cholera morbus (*On Putrid and Inflammatory Fevers*, p. 104); and the celebrated Sylvius cured himself of a diarrhœa of four months standing in a few days, by the use of vinegar.

The late Dr. James Johnson took no small credit to himself for recommending *ammonia* in the advanced stages of pneumonia, when expectoration had ceased; and in this he was followed by Dr. Chapman of Philadelphia; but the practice is not new. Sir John Pringle, in his work on *Diseases of the Army*, says: "When the patient was reduced by frequent bleedings, I found sal cornu cervi, joined to spermaceti, not only proper for raising the pulse, but for promoting expectoration." (p. 144.) Old or new, the practice is very important, and is especially applicable to pulmonary affections in old subjects.

2. It was regarded as a capital improvement in ophthalmic surgery when the surgeons of the Eye Infirmary in London broke through the trammels of Ware and others, and, guided by an enlightened pathology, boldly bled, and produced mercurial ptyalism in *amaurosis*. But the practice was not new. Mead, in his *Præcepta et Monita Medica*, had already published cases in proof of the efficacy of this heroic treatment.

"The disease", he says, "proceeds from various causes, of which the most common is an obstruction gradually formed in the arteries of the retina by a sizy blood. Wherefore," he continues, "first of all, blood is to be drawn from the arm and jugular, and to be repeated according to the degree of the disease; and it will be of use to apply cupping-glasses with deep scarifications under the occiput; then it will be necessary to give cathartics, especially such as purge gross humours. But, as nothing is found more powerful than quicksilver for incising gross and viscid humours, it will be proper to join calomel to other cathartics. This method often succeeds when the disease is recent; but if of some standing, it requires a more powerful treatment; that is, a plentiful salivation raised by taking mercurials inwardly, in small quantities, and at short intervals." (*Precepta et Monita*, p. 162.)

Practitioners in midwifery were taken by surprise when, in 1813, Stewart recommended large doses of *laudanum* in uterine hæmorrhages; but here, again, the practice was not new. Motherby, in his *Dictionary* (1775), says: "The floodings which happen after delivery are sometimes very dangerous. This kind is generally owing to the womb being suddenly emptied; and so, not having time to contract the diameters of the vessels, they remain open, and the blood, by its own specific gravity, pours out. The chief intention here is to contract the uterus; to which end the properest means is the application of cloths dipped in vinegar or vinegar and water; these should be laid on the back and the region of the womb. A hand may be placed on the belly, to press the uterus towards the pubis. But the greatest specific in this case is an opiate: it should be given in large doses; for if the woman can be once composed, if it is but for a few moments, the flooding will almost entirely cease; and, when it once ceases, it rarely returns." (*Dictionary*, Art. "Abortion".)

3. The opinion of those observers who deny the identity of *English* and *Asiatic cholera*, or, in other words, affirm that "the two diseases are widely and specifically distinct", is clearly unfounded. A difference in degree cannot constitute a difference in kind. In several epidemic diseases, asphyxia is sometimes the only symptom; the victims are struck down as by a stroke of lightning, without any premonitory symptoms or evidences of reaction; and yet such cases are not considered new diseases. Great stress is laid on the rapid termination of Asiatic cholera, as a proof of its being a new disease; but the same fatal swiftness was noticed two hundred years ago. James Bontius, who practised in the East Indies, relates the case of a patient "qui horâ sextâ vespertinâ, adhuc valens, subitò cholerâ corripitur, et ante duodecimam noctis horam, vomendo simul ac per alvum dejiciendo, cum diris cruciatibus ac convulsionibus, miserrimè expiravit." (*Medicina Ægyptiorum*, p. 220.) Much has been said of the blueness of the skin as a proof of the novelty of Asiatic cholera, but I have witnessed the same thing in English cholera. The truth appears to be, that the disease is more malignant and intractable than ordinary cholera; and so are scarlatina, measles, and dysentery, when epidemic. It is, to use the language of naturalists, a variety, and not a new species.

What is the *diphtheria* now epidemic, but the putrid, ulcerated sore-throat of Fothergill? His description tallies with the symptoms of the disease as it exists at present. "On inspection," he says, "the uvula, the tonsils, pharynx, and the whole fauces, appeared of a remarkably red colour, like that

attending an erysipelas. On the same day, or on the day following, such parts of the fauces as at first appeared of a deeper colour than the rest, turned *white*, ash-coloured, or black. The neck and throat soon after began to swell externally. About the fourth day, this tumour was generally grown very large, and the white places in the fauces began to turn black; a putrid corrosive sanies was discharged by the mouth and nostrils; the breath grew extremely offensive; respiration, if hitherto not much affected, now became difficult; and the patient expired in a very short time." (Fothergill's *Works*, p. 186.) It appears to me that the disease is an undeveloped *scarlatina;* that is, the disease without the rash: and this opinion is confirmed by my having had eight cases in one village, in the last of which the scarlet rash was fully developed. The disease yields readily to ammonia, which is an antidote for scarlatina maligna.

The only plausible part of *homœopathy*, to wit—that "similia similibus curantur"—is derived from Drellincourt's *Paradoxa Medica*. Among other matters of the same description, he says: "Lassitudinem solvit labor, uti diarrhœa diarrhœam sistit, atque vomitus vomitum sedat, ambustioque ambustionem lenit atque persanat." (*Opuscula Medica*, p. 45.) In all ages, medical men have more or less acted on this principle in the treatment of diseases, endeavouring to overcome slighter degrees of morbid action by exciting others that are more manageable. In this manner, sore-throats have been cured by a gargle of capsicum; burns by the application of spirit of turpentine; and whitlow by plunging the inflamed finger in hot water; etc.

Hahnemann's use of infinitesimal doses of medicines, which, he tells us, increase in power the more they are diluted, and his pretended discovery that all diseases have their origin in itch-miasm, are his only claims to originality; the honour of which no sober-minded medical man will, I am persuaded, be inclined to dispute. The former is, after all, only a revival of the method of curing diseases by expectation; and all that need be said of the latter is, "Valeat quantum valere queat".

In regard to *hydropathy*, after the able papers of our worthy chief, Sir Charles Hastings, the only remark that need be made is, that "what is true is not new, and what is new is not true". The manner in which the practice was carried out by Priessnitz is positively atrocious, and must have caused many deaths. On this point, the cases related by Sir Charles are fearfully instructive. The real founder of hydropathy was Herman Vander Leyden, who wrote a book in the Walloon language, in which he recommended cold water, both externally and internally, in the treatment of gout, rheumatism, diarrhœa, dysentery, articular distempers, and the like. (Boerhaave's *Method*, p. 132.)

To conclude: in these few illustrations, I have driven a shaft into a mine, which I would recommend the younger members of the profession to explore more diligently than I have done. The perusal of our older writers would, I am persuaded, confirm their faith in rational medicine. They would find graphic descriptions of diseases, solid observations, rational practices, and honesty of purpose in everything. But, in vindicating the claims of our forefathers, I would not be understood to decry the moderns. We owe to our cotemporaries hydrocyanic acid—a valuable remedy; bismuth, the trisnitrate of which is so powerful in diseases of the stomach, and which was formerly only used as a cosmetic; the ergot of rye, for which we are indebted to Dr. Stearns of New York; and we are under great obligations to the chemists for the vegetable alkaloids.

I cannot, I think, close this address better than in the words of William Fordyce, which, if there are no medical sceptics among us, will find an echo in the breast of every bedside practitioner.

"No man that has experienced the soothing and cooling effects of sal nitri, when worn out with pain and thirst, or Riverius's saline mixture when heated by fevers, or restless almost to despair, can sufficiently admire that art which taught us to investigate and combine such powers. No man that has felt fevers of the most depressing sort, loading his shoulders, and ready to light on his already aching head, removed in a few hours by sal polycrest and rhubarb, as by a miracle, but must be struck with their effects. And who, that has tried in vain, by all the variety of sudorifics to moisten the skin in the course of putrid fevers, till he applied Mindererus' spirit, will hesitate a moment to acknowledge its diaphoretic and composing qualities?" (*New Inquiry*, p. 114.)

Reviews and Notices.

THE DISEASES OF THE STOMACH, WITH AN INTRODUCTION ON ITS ANATOMY AND PHYSIOLOGY; being Lectures delivered at St. Thomas's Hospital. By WILLIAM BRINTON, M.D., Fellow of the Royal College of Physicians, etc. Pp. 406. London: John Churchill. 1859.

Dr. BRINTON comes forward with highly favourable antecedents as an observer of, and writer on, Diseases of the Stomach; and the work now before us will increase his well earned reputation. It is, he informs us, founded on the large opportunities afforded him during twelve years as a physician to public institutions, as well as on his gleanings from the large field of observation furnished by the hospitals and museums, by the recorded cases of other authors, and by the stores of information which have been accumulating in medical periodicals. He has made for himself, therefore, a legitimate claim to write a book, and to be looked to as an authority in the subject on which he professes to instruct.

An introduction to the book is occupied with a description of the Anatomy and Physiology of the Stomach. The subjects treated of in the six Lectures are: 1, The Symptoms of Gastric Disease—pain, eructation, regurgitation, vomiting, hæmorrhage, and flatulence; 2, Circumstances connected with the Examination of the Stomach after Death; 3, Ulcer of the Stomach; 4, Cancer of the Stomach; 5, Cirrhotic Inflammation or Plastic Linitis, Suppurative Linitis, Tumours, Hypertrophy, Atrophy, Dilatation, and Secondary Inflammation; 6, Dyspepsia.

Among the various evidences of the diligence and acuteness of observation which characterise Dr. Brinton's labours, may be mentioned his remarks on the distinction between ordinary gastric ulcer and certain results of cancer of the stomach; and on an affection which he describes as "secondary inflammation"—a condition hitherto undescribed, except casually.

In the fourth and fifth Lectures, Dr. Brinton points out the distinction between two diseased states which, though unhappily nearly equally fatal and obstinate to treatment, are nevertheless different; viz., cancer of the stomach and cirrhosis, or, as he calls it, "plastic linitis." This cirrhosis generally affects the pyloric portion, and seems to be often mistaken for cancer; at least, for *incipient* cancer. At present, the diagnosis is of pathological interest; possibly it may be of great therapeutic value at some future day.

"The chief characters which distinguish this lesion from scirrhus may be enumerated as follows. In marked specimens, the change involves the whole of the stomach in a moderate thickening, which, while it allows the three coats to be still distinguished and separated from each other, increases their bulk in a tolerably equal proportion. The uniform expanse of stomach involved in the change is yellow, tough, and elastic; instead of having the peculiar pearly-white appearance and gristly section of cancer. The muscular tissue is almost always discernible: and is generally hypertrophied in the earlier stages of the disease. And not only does the perfectly homogeneous deposit offer none of those varieties which commonly mark the later progress of a cancerous deposit (in the shape of colloid and medullary matter surrounding the original and central schirrus); but its microscopic examination shows, either an absence of the characteristic cells of cancer, or a few spindle-shaped cells of fibrous import, scattered sparingly throughout a mass of laminated (but scarcely otherwise organised) exsudation. The absence of secondary cancer in other organs aids the diagnosis of this benignant lesion. Ulceration, too, is less early, frequent, and extensive, than in cancer. Finally, the pathological contrast of the two diseases is rendered complete by cases which suggest that the lymph thus deposited by a kind of cirrhotic inflammation around the gastric vessels, occasionally undergoes a development into cartilage; rarely even, into bone." (P. 285.)

And, with regard to the diagnosis of the cirrhotic disease during life—

"The grounds for identifying, during life, the malady we are

considering, must be sought chiefly in its long duration; in the subordinate rank taken by vomiting and hæmorrhage; in the infrequency and lateness of ulceration; in the absence of secondary cancer; and (last, but not least) in the uniform gastric thickening (rather than tumour) which careful manipulation finds in the epigastrium. To the latter result of experience, I can only add the presence of great anorexia, and intense headache; together with an indistinctness, or absence of local pain and tenderness, as affording some confirmation to the conjectures thus adducible from the pathology of the legion to any individual case." (P. 330.)

The work gives ample proof that Dr. Brinton is an accomplished pathologist in stomach diseases; but what is of equal, or rather, of greater importance, he is manifestly a sound rational therapeutist. His *Pharmacopœia* is not overburdened with a host of empirical remedies; what remedies he employs, he employs with judgment, and with a full sense of the difficulties which obstruct his efforts; and, what is of the highest importance, there runs through his therapeutic doctrines an indication to base treatment as strictly as possible on physiology. We do not say that he here stands alone; but this characteristic of his practice constitutes an additional claim, on his part, to our confidence.

On the Hygienic Management of Infants and Children. By T. Herbert Barker, M.D.Lond., Fellow (by Examination) of the Royal College of Surgeons of England, etc. Pp. 120. London: Churchill. 1859.

This volume is for the most part a collection of essays on the management of infants and children, which have appeared in the *Sanitary Review* and elsewhere. The motive which Dr. Barker has had for publishing his observations in their present form, will be admitted to be a sound one.

"While others, not without reason, are calling loudly for improvements in the dwellings of the poor, and for other measures urgently demanded by the increasing population of our towns, I would contend the right management of infants and children lies at the root of all other plans of social amelioration. What can good subsequent measures avail, for a constitution already hopelessly injured by errors in the opening of life?

"Just as a twig is bent, the tree's inclined."

The following are the subjects successively treated of in the work:—Mortality of Children; Diet of Infancy and Childhood; Clothing; Temperature; Air; Sleep; Bathing, Washing, etc.; Light; Exercise and Amusements; Nursery and Nursemaids; Vaccination; Dentition; and Education. On these subjects, Dr. Barker gives sound instruction in simple language, which the general as well as the professional reader will readily understand. Earnestly commending the work to the careful perusal of all classes—medical men, parents, and nurses—we would join with the author in calling attention to the importance of bodily health in relation to moral development.

"The physician may be supposed to travel beyond his proper range, when he ventures to treat briefly of *moral training*; but the fact is, this topic is not so entirely unconnected with the *physical* management of childhood, as some persons would imagine it to be. A sound and quiet state of physical health is one of the greatest helps to a good moral development. A feeble and irritable condition of the bodily frame is likely to be associated with an excitable temper. With regard, therefore, even to the future moral character, we would add stress to the observations already made on the importance of general health. If you would have your moral lessons successful, take care that the digestion is good, the head clear, and the constitution free from irritability and feverish excitement. Regularity in plain diet, sleep, exercise, and moderate study, is a powerful, though indirect, aid in moral training. With regard to more *direct* means, we certainly would not have them neglected, even in very early life. The moral education of the child commences in early infancy, and is often, perhaps, decided for good or for evil before the stage of childhood is terminated. In moral qualities, the child is, indeed, 'father to the man', and the training of these requires the most anxious attention, even during infancy. All the passions and affections are designed for good, and our object must be not to obliterate them, but to guide them into a system of harmonious operation with each other." (Pp. 112-13.)

LETTERS AND COMMUNICATIONS.

Letters or communications for the Journal should be addressed to Dr. Wynter, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the Journal, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

British Medical Journal.

SATURDAY, JUNE 25th, 1859.

MEDICAL SOCIETIES AND OUR BRANCHES.

Some few weeks since, we drew the attention of the Association to the fact that a number of isolated medical societies were in existence throughout the country, which might with a little management be induced to amalgamate with our Branches. From the number of letters we have since received, it is evident that the thought to which we gave utterance has long been floating in the minds of the associates, and that it only requires thoroughly ventilating to bear fruit. Indeed, we already see that an attempt has been made to realise our proposition; inasmuch, as at the meeting of the Committee of Council on the 21st, proposals for the union of the North Staffordshire Society and of the Cornwall Medical Society with the Association were discussed. We are not aware of the terms on which it is suggested the amalgamation shall take place, which we rather regret, inasmuch as it may serve as a model for the guidance of other societies, and so clear the ground of a certain difficulty.

The Committee of Council, it will be seen, agreed to recommend an alteration in the wording of Law 25, which provides that members of Branches shall also be members of the Association. Now there are, doubtless, very many members of local medical associations who are deterred from joining Branches of our Association, although otherwise inclined to do so, for the reason that membership of the Association implies an annual guinea subscription. If, however, the law were so altered that members could gain admission on payment of the local subscription for local privileges only, we have no doubt that we should be enabled to recruit our Branches very largely. The only difficulty we see arising out of this arrangement would be with respect to printing papers in the Journal. It may be said that it would be scarcely fair to give purely local members of a Branch the same privileges in this respect, as those members who are also members of the Association. But we think the tendency of such liberality would be to make local members the more inclined to join the Association altogether. It would be a powerful recruiting element; inasmuch as the natural love a man has to see his own ideas in print would lead non-members of the Association to purchase particular numbers of the Journal; and probably an exceptional demand would ripen into a constant one. At all events, we have no doubt whatever that, if the Branches were enabled to recruit local members as well as full associates, the result would

speedily make itself felt in a rapid increase of the Association. Without exactly likening old members of Branches to tame elephants, who would gradually lead younger local associates to avail themselves of the full privileges of our powerful body, we may yet fairly reckon upon the *esprit de corps* of our body to accomplish much in this direction. We think very few of the suggested local members, for instance, could long withstand the infection of our annual Branch gatherings, with their good papers, good feeling, and good dinners. It must be a very determined local member indeed, who would be able long to hold out against such social contagion as these items include.

We rejoice, then, to find that the Committee of Council have set themselves practically to work to remove one of the most serious stumbling-blocks in the way of the proposed amalgamations. Our body has now become so powerful, that it is far easier than formerly to make it all powerful. We must attack outlying medical societies in every direction; and if we can offer to them greater privileges and advantages than they at present possess—which we undoubtedly can, including, possibly, publicity for their papers in the JOURNAL—we see no reason to doubt an unequivocal success.

We are anxious to draw the attention of the members to this scheme at the present moment, for the reason that the annual meetings, which are just now coming off, will afford occasions for its ventilation, and for discussion, of which probably the General Council may be glad to avail themselves when the recommendation of the Committee of Council is brought forward. Herein we have the means close at hand to strengthen our position throughout the country; and we do not think we are asking too much of our Associates, at their Annual Meetings, to bring their earnest aid to the fulfilment of what appears to us to be a very feasible scheme, and one fraught with most important issues to the welfare of our body.

THE WEEK.

AN old man, named John Burton, who has spent the greater part of his life as a "billy-spinner" in a cloth factory at Stroud, in Gloucestershire, but for the last eight or ten years has practised as a herbalist and general "doctor" among persons of his own class, has recently been committed for trial on the charge of falsely declaring himself to have been in practice before 1815, and thus procuring himself to be registered under the Medical Act. The case was heard, on the information of Mr. Richard Blagden, surgeon, of Stroud, in petty sessions, on Friday, June 17th. The defendant is said to be very poor and illiterate. He has not charged for medicines or advice, but for time and walking. Mr. Clutterbuck, solicitor, who conducted the prosecution, read a letter sent by Burton to the Registrar, in which he forwarded the following declaration: "I, John Burton, hereby declare I was practising in Stonehouse before the 1st August, 1815." He added, "If you will kindly answer this by return of post, and let me know the charge for being registered, I will send it by next post." This was written in a legible hand, and evidently not by himself. A printed form of declaration was sent down, which was required to be attested by a magistrate. This was declared, and on being returned his name was entered on the register. Mr. Blagden put himself in communication with the medical authorities in London, and, with the cooperation of other medical gentlemen, instituted these proceedings, his only object being to have the profession ridded of an improper character. Mr. Clutterbuck put in the declaration made before a magistrate, signed by the defendant, and the extract from the register, signed by Dr. Francis Hawkins, the Registrar. Thomas Tocknell, a labourer, nearly sixty years old, had known defendant for nearly fifty years. When he first knew defendant, he was a sawyer, and afterwards he worked as a labourer, and then as a spinner in a factory eight or ten years. While witness was working with defendant, he hurt his hand, but defendant did not do anything to cure it, and defendant did not at the time act as a medical practitioner. Witness never heard of his practising medicine till ten or twelve years ago. James Alder, a labourer, sixty-seven years of age, had known Burton for more than fifty years. The first time witness ever heard of the defendant going "quacking" was eleven or twelve years ago. Henry Hague worked at the same mill as Burton in the year 1827, for three months, as spinner. This was defendant's regular employment, and he did not practise medicine. He first heard of his doctoring twelve years ago. Daniell Darke, innkeeper, deposed to knowing defendant for ten or fifteen years. Defendant had told witness that he dared not charge anything for advice or attending, but he charged for his labour in walking, and it averaged about 14*s.* or 16*s.* a week. Witness knew of defendant's practising medicine for about eight or ten years. He should not consider defendant a competent medical man. Mr. Ball, in defence, contended that the defendant had "practised medicine" prior to the 1st August, 1815, in making pills, salves, etc., and all that he had done since was to deal in herbs and simples. He could produce evidence that defendant had so acted prior to August, 1815. The defendant said he was not guilty. The Chairman said the Bench had decided to commit the case for trial. There were many points of difficulty which would be raised at Gloucester; but it was the first case of the kind, and a sufficient *primâ facie* case was made out. The ends of justice had probably been answered by the name being expunged, and as defendant was an old man, and had acted in this irregular way for some time past, and might not have known when he made the declaration that he ought not to make it, perhaps those who set this information in motion might not proceed to trial. Defendant was then committed for trial, but admitted to bail, himself in £20, and two sureties of £10 each.

At the Central Criminal Court, on June 16th, Thomas Smethurst was placed at the bar, before the Common Serjeant, for the purpose of pleading to the indictment found by the grand jury and the coroner's inquisition, both of which charged him with the wilful murder of Isabella Bankes. The prisoner pleaded Not Guilty to both charges. Mr. Serjeant Ballantine, in support of an application he had made on the previous day for a postponement of the trial, put in an affidavit made by Mr. Teasdale, the solicitor for the prosecution, which stated that the case was one of a very intricate character, and that there were thirty witnesses to be examined for the prosecution, and the evidence already taken extended to very great length, and there had not been sufficient time to prepare the proofs to be laid before counsel. The affidavit also stated that it would be necessary to procure some additional formal evidence relating

to the property of the deceased lady, which it was very important should be laid before the jury, and this evidence could not be obtained at the present session; and the affidavit concluded by Mr. Teasdale expressing his opinion that it was absolutely necessary for the ends of justice that further time should be granted to get up the case, and that they might be frustrated if the trial were to take place at this session. After some discussion, it was agreed to postpone the trial to the next session—the case to be brought forward on the first day, if possible.

A correspondent of the *Times* calls attention to certain abuses in the lace-factories in Nottingham. He says:

"The hosiery and other trades are, as is well known, regulated by the Factory Act; but the workers in lace are not under it. The consequence is, that the abuses which fourteen or fifteen years ago excited the sympathy of Lord Shaftesbury and others, and which caused the passing of the Factory Bill for the manufacturing districts of the north, are at this time prevailing in and around Nottingham, and increasing with the population. Some thousands of children and young persons are employed, at ages varying from 6 to 18, and day and night are alike devoted to labour. Twenty-one hours out of twenty-four are consumed in this way by relays of children and young people, who work in succession. I saw lately, between 11 and 12 at night, about twenty-five children and young people at work in an extensive establishment, who, in addition to day labour, were kept at night from 6 P.M. until 1 A.M. The labour is divided as follows:

First set, from 4 A.M. until 9 A.M. Breakfast.
Second set, from 9 A.M. until 1 P.M.
First recommences at 1 P.M. until 6 P.M.
Second recommences at 6 P.M. until 1 A.M.

"This is the routine for the whole year. It involves great cruelty to young children, and demoralises the youth of the district to an extent that can only be appreciated by those who live around, or who remember the vice and misery in the manufacturing districts before the passing of the Factory Bill."

In the Court of Queen's Bench, on June 20th, an action was tried, in which C. J. Jackson, formerly a sergeant in the Hertfordshire Police, sought to recover damages from Mr. F. R. Spackman, a surgeon at Harpenden, for negligent and unskilful treatment of a broken leg. In May 1857, a dogcart, in which the plaintiff was riding, was accidentally overturned; and, in jumping out, he broke his leg. He was taken home, and the defendant was sent for; but before he arrived another practitioner placed the leg on a pillow, and applied splints. The defendant, on his arrival, placed the leg on Liston's apparatus, and bound it up. When the bandages were removed, the plaintiff observed, he said, a projection at the inner ankle; which, however, the defendant assured him was callus. The plaintiff became an inmate of Guy's Hospital from August to October 1857, and again in March 1858, when he had a portion of the projecting bone, about three-quarters of an inch long, sawn off. There was a shortening of the leg to the extent of nearly two inches. The evidence of Mr. Cock and Mr. Hilton, surgeons to Guy's Hospital, went to show that the fracture had not been properly treated. The defendant pleaded that there was no shortening of the leg when he was first called in, and that the portion of bone removed was probably a piece of the tibia, which had been splintered by direct violence. Mr. Erichsen and Mr. Shaw were of opinion that, if the defendant's account were correct, he had treated the leg with proper skill and care. The jury returned a verdict for the defendant.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Twenty-Seventh Annual Meeting of the British Medical Association will be holden in Liverpool, on Wednesday, Thursday, and Friday, the 27th, 28th and 29th days of July.

President—W. P. ALISON, M.D., F.R.S.E., Edinburgh.
President-Elect—JAMES R. W. VOSE, M.D., Liverpool.

The Committee of Council will meet at one o'clock on Wednesday, at the Medical Institution, Mount Pleasant.

The General Council of the Association will meet at half-past two.

Wednesday, 27th. 7 o'clock, P.M. First General Meeting of the Association. The retiring President will make a few remarks. The new President will deliver an address. The Report of Council will be presented, and other business transacted.

Thursday, 28th. *Morning*, 8.30. Public Breakfast at the Adelphi Hotel.

10 o'clock. Meeting of the members of the new Council. At 11, the Address in Medicine will be delivered by Dr. E. WATERS of Chester. Cases and Papers will be read.

The meeting will adjourn at 1, and reassemble at 2. The Report of the Benevolent Fund will be received. Cases and Papers will be read.

Evening. There will be a *Soirée* at the Royal Institution, in Colquitt Street.

Friday, 29th. 11 A.M. The Address in Physiology will be delivered by A. T. H. WATERS, Esq., Liverpool. Papers and Cases will be read.

6 P.M. Dinner. Tickets a Guinea each.

Members are requested to enter, on arrival, their names and addresses in the Reception Room in the Medical Institution, Mount Pleasant, where all the meetings will take place, and where further information will be supplied.

Members who wish for previous information may communicate with A. T. H. WATERS, Esq., 27, Hope Street, Liverpool.

It is particularly requested that all members who propose to read papers will communicate with the General Secretary without delay.

PHILIP H. WILLIAMS, M.D., *General Secretary*.

Worcester, June 21st, 1859.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SOUTH EASTERN. [Annual Meeting.]	New Town Hall, Dover.	Wednesday, June 29th, 12 o'clock.
CAMBRIDGE AND HUNTINGDON. [Annual Meeting.]	George Hotel, Bishop Stortford.	Tuesday, July 5th, 2 P.M.
READING. [Annual Meeting.]	Council Chamber, Reading.	Wed., July 13, 4 P.M.
METROP. COUNTIES. [Annual Meeting.]	32a, George Street, Hanover Square.	Tuesday, July 19th, 8 P.M.

[To prevent delay, Reports of Branch Meetings should be sent direct to the office, 37, Great Queen Street.]

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held in Birmingham, on the 21st instant.

PRESENT:—Sir Charles Hastings (in the Chair); Mr. Humphreys; Mr. Ellis Jones; Mr. O. Pemberton; Mr. H. Terry; Mr. A. T. H. Waters; Mr. Watkin Williams; and Dr. P. H. Williams.

Sir C. Hastings having read a letter, in which he tendered the resignation of his offices, as President of the Council and Treasurer of the Association, at the next annual meeting, it was resolved, that while this Committee consent to enter Sir Charles's letter on their minutes, they are unanimously of opinion that the laws relating to the existing President and Treasurer should be strictly observed.

Letters from Dr. Bell were read on the subject of a proposed union of the North Staffordshire Society as a Branch of the British Medical Association. A similar proposition was made by the Cornwall Medical Society, at the last meeting. It was agreed to recommend an alteration in the wording of Law 25, so as to obviate an existing difficulty.

A letter from Mr. Roper was read, expressing a wish that the Annual Meeting in 1860 may be holden in Exeter or Plymouth.

The proposed Report of Council to be presented in Liverpool was read and considered.

It was resolved—That the Report of Council, as now read by Dr. Williams, be approved, and that it be printed and distributed to the members of Council previously to its presentation at the ensuing annual meeting.

CHARLES HASTINGS,
PHILIP H. WILLIAMS, M.D., *General Secretary.*

Worcester, June 22nd, 1859.

DUBLIN BRANCH: QUARTERLY MEETING.

THE first Quarterly Meeting of this Branch was held in the Council Room of Apothecaries' Hall, Dublin, on June 17th. Present:—W. D. MOORE, M.B., President, in the Chair, and several other members.

The following resolutions were proposed, and passed unanimously:—

1. That the BRITISH MEDICAL ASSOCIATION, having for its object the promotion of the dignity and influence of the entire profession, and being *now* represented in each part of the United Kingdom, claims the support of every qualified medical practitioner; and if the Association be sustained, as it deserves to be, it must afford a centre of unity and of power most beneficial for the advancement of the social and political status of the profession.

2. That this Association records its grateful sense of the benefit which has been conferred by the recent Royal Warrant, upon the medical officers of the army and navy, whereby their rank and pay have been increased in a degree commensurate with their important duties and social position; and that the requirement of a medical qualification, in addition to a surgical diploma, to entitle candidates for the appointment of assistant surgeon, maintains a principle which in the opinion of the Association should be the rule in filling up all civil medical appointments.

3. That this Branch shall carefully scrutinise the appropriation of medical titles by persons whose names do not appear upon the authorised registry; with the view of reporting all such persons to the Medical Council for prosecution under the Medical Act.

4. That the President of this Branch be requested to attend the approaching meeting of the British Medical Association, to be held at Liverpool, on 27th, 28th, and 29th of July next; and that his expenses be paid by this Branch.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ANNUAL MEETING.

THE Annual General Meeting of this Branch was held at the Hen and Chickens Hotel, Birmingham, on Friday, June 10th, 1859: J. B. MELSON, M.D., of Birmingham, President, in the Chair.

There were also present: H. Adkins, Esq. (Meriden); A. Allcock, Esq. (Smethwick); A. Baker, Esq. (Birmingham); E. Bartleet, Esq. (Birmingham); T. Boisragon, M.D. (Birmingham); F. T. Bond, M.D. (Birmingham); P. Chavasse, Esq. (Birmingham); E. H. Coleman, Esq. (Wolverhampton); P. A. Cotterell, M.D. (West Bromwich); W. Downes, Esq. (Handsworth); H. Duncalfe, Esq. (West Bromwich); G. Fayser, M.D. (Henley-in-Arden); A. Fleming, M.D. (Birmingham); Bell Fletcher, M.D. (Birmingham); T. S. Fletcher, Esq. (Bromsgrove); S. J. Jeaffreson, M.B. (Leamington); W. E. Johnson, Esq. (Dudley); G. Jones, Esq. (Birmingham); F. Jordan, Esq. (Birmingham); W. J. Kite, Esq. (West Bromwich); J. Manley, Esq. (West Bromwich); G. H. Marshall, Esq. (Birmingham); E. Moore, Esq. (Halesowen); O. Pemberton, Esq. (Birmingham); J. Postgate, Esq. (Birmingham); T. W. Ransom, Esq. (Darlaston); J. Russell, M.D. (Birmingham); J. V. Solomon, Esq. (Birmingham); T. Swain, Esq. (Birmingham); T. J. Walker, M.B. (Birmingham); C. Warden, M.D. (Birmingham); T. W. Williams, Esq. (Birmingham); G. Yates, Esq. (Birmingham).

E. H. COLEMAN, Esq., of Wolverhampton, the retiring President, introduced J. B. MELSON, M.D., as the President for the ensuing year.

The PRESIDENT addressed the meeting, referring, in the course of his remarks, to the fact of the Registration Act of August last having originated with the Association, and pointing out the advantages which were likely to result hereafter from its operation.

REPORT OF COUNCIL.

Mr. OLIVER PEMBERTON, one of the Honorary Secretaries, read the following report:

"In presenting their report for the past year, the Council of the Birmingham and Midland Counties Branch of the British Medical Association desires to call the attention of its members to the signal fact, that since the meeting of June 1858, when the doubtful prospects of Medical Reform constituted a subject of anxious speculation, a Medical Registration Act has received the sanction of the Queen and Parliament. This recognition on the part of Government of the claims of medical men to protective legislation, it is hoped, will form the basis of future consideration, and may lead to a review of some of those regulations which have been so long permitted to exist; no less on the ground of safety to the public, than on that of justice to the profession. In thus, however, congratulating you on the possession of a measure of reform, it must not be forgotten that to the British Medical Association, and to its founder, Sir Charles Hastings, is due almost the entire merit of having compelled, by its organisation, its intelligence and numbers, the attention of successive ministers to our requirements.

"The present year will record, also, the passing of the warrant for regulating the rank and pay of the medical officers in the navy, and placing them on the same footing as that which has been so recently obtained for our brethren of the army.

"The poor-law officers as yet labour beneath the pressure of incessant toil and inadequate remuneration; but, under the persevering agitation of their cause by Mr. Griffin, an entire revision of the present system of management cannot long be withheld.

"More immediately looking to the objects contemplated in the formation of a society like this, your council cannot omit to declare its approbation of the vigour with which the affairs of the British Medical Association are now conducted. In its JOURNAL; in the numbers and character of its members; and more—in the possession of collateral associations in populous districts, under the designation of Branches—the British Medical Association has a power for the advancement of the true interests of the profession, which, if rightly used, cannot fail to result in its elevation in a scientific no less than in a social and political degree.

"The Birmingham and Midland Counties Branch maintains its position. During the last year its numbers have been considerably augmented, and the questions of importance in medicine, surgery, and the collateral sciences, which have been

considered, have attracted a full attendance at the bi-monthly meetings.

"The following Papers and Cases have been communicated during the past year:

"1. On Infantile Lientery. By W. F. Wade, M.D.

"2. The Relations of Saccharine Urine to General Obesity or Fatty Degeneration of an Asthenic Variety. By J. Johnston, M.B.

"3. A Specimen, and Case, of Depressed Fracture of the Inner Table of the Skull. By O. Pemberton, Esq.

"4. The Vitality of the Teeth, and its Relation to Caries. By T. Howkins, Esq.

"5. Three Cases of Resection of a Nerve for Sequences of Traumatic Injury. By Redfern Davies, Esq.

"6. Paraplegia in Relation to Renal Disease. By Wm. Hinds, M.D.

"7. Certain Points in the Operation for the Radical Cure of Reducible Inguinal Hernia. By O. Pemberton, Esq.

"8. On Vaccination, and the Laws relating to it and the Registration of Births. By T. S. Fletcher, Esq."

Dr. Melson proposed, Dr. Jeaffreson seconded, and it was carried unanimously—

"That the Report now read be received, adopted, and entered on the minutes."

TREASURER'S REPORT.

Mr. T. W. Williams (Treasurer) read his balance-sheet, by which it appeared that there was a balance of cash in the Treasurer's hands to the amount of £25 : 1 : 3.

Mr. Moore proposed, Mr. Bartleet seconded, and it was carried unanimously—

"That the Treasurer's Report be received, adopted, and entered on the minutes."

ELECTION OF OFFICERS AND COUNCIL.

Mr. Bartleet proposed, Mr. Coleman seconded, and it was carried unanimously—

"That Edward Moore, Esq., J.P. (Halesowen), be President-elect for the ensuing year."

Mr. Downes proposed, Mr. Allcock seconded, and it was carried unanimously—

"That the following gentlemen be the Council of the Branch for the ensuing year:—*For the Town:* A. Baker, Esq.; E. Bartleet, Esq.; A. Fleming, M.D.; Bell Fletcher, M.D.; J. J. Hadley, Esq.; J. W. Keyworth, M.D.; G. H. Marshall, M.D.; W. F. Wade, M.D. *For the County:* G. Ayton, Esq. (Kenilworth); E. H. Coleman, Esq. (Wolverhampton); G. Fayrer, M.D. (Henley-in-Arden); Sir C. Hastings (Worcester); J. H. Houghton, Esq. (Dudley); J. H. Kimbell, Esq. (Knowle); J. Kite, Esq. (Westbromwich)."

Mr. Adkins proposed, Dr. Cotterell seconded, and it was carried unanimously—

"That the following members be elected representatives of the Branch in the General Council:—Edwin Bartleet, Esq. (Birmingham); H. Carden, Esq. (Worcester); Pye H. Chavasse, Esq. (Birmingham); E. H. Coleman, Esq. (Wolverhampton); S. J. Jeaffreson, M.D. (Leamington); J. B. Melson, M.D. (Birmingham); O. Pemberton, Esq. (Birmingham); T. Watkin Williams, Esq. (Birmingham); and J. V. Solomon, Esq. (Birmingham), *ex officio*."

Dr. Jeaffreson proposed, Dr. Fleming seconded, and it was carried unanimously—

"That Mr. T. W. Williams be re-elected Treasurer for the ensuing year."

Dr. Russell proposed, Mr. Moore seconded, and it was carried unanimously—

"That Mr. J. V. Solomon and Mr. Oliver Pemberton be re-elected Honorary Secretaries for the ensuing year."

NEW MEMBERS OF THE BRANCH.

The following gentlemen, having been elected members of the Association, were unanimously elected members of the Branch:—Francis G. Bond, M.D., George Vernon Blunt, M.D., and Thomas P. Heslop, M.D., of Birmingham; and W. Lynes, L.M., of Wednesbury.

NOTICES OF MOTION.

Mr. Alfred Baker gave notice that, at the next General Meeting of the Branch, he should propose an alteration in the mode of electing the Council of the Branch and the Council of the Association.

Dr. Jeaffreson addressed the meeting on the subject of the desirability of establishing a kind of Providence and Insurance Institution in connexion with the General Association; and, after a conversation, it was determined that the subject should be considered at the next meeting of the Council.

VOTES OF THANKS.

Mr. Alfred Baker proposed, Mr. Kite seconded, and it was carried by acclamation—

"That the best thanks of this meeting be given to E. H. Coleman, Esq., for his able and considerate conduct as President during the past year."

Dr. Jeaffreson proposed, Dr. Bell Fletcher seconded, and it was carried by acclamation—

"That the best thanks of this meeting be given to J. B. Melson, M.D., for his admirable address, and for his able conduct in the chair this day."

THE DINNER.

The annual dinner subsequently took place at the Hen and Chickens Hotel, Birmingham; and was most numerously attended by the profession in the town and neighbourhood. Dr. Melson presided, and Mr. E. Moore occupied the Vice-chair.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 24th, 1859.

F. C. Skey, Esq., F.R.S., President, in the Chair.

ELEPHANTIASIS OF THE SCROTUM: OPERATION: RESULTS.
BY HAYNES WALTON, ESQ.

Mr. Walton had been consulted by two patients with elephantiasis. Both were from Barbadoes. The first was in 1847. The disease was incipient. An operation was recommended; but overruled. The second was in September of last year, in the person of an athletic quarantine officer, aged forty-one. The scrotum was rough and indurated, with the characteristic firm and solid swelling. There was neither pain nor inconvenience beyond that caused by the bulk. The skin of the penis was similarly affected. Just four years ago inflammation appeared at the lower part of the scrotum, and, on subsiding, left some hardness. Each year there have been several similar attacks, and every one has added to the enlargement. Treatment, both general and local, failed in the hands of different men. The patient desired an operation rather than submit to the inevitable fate of steady increase of the disease. Mr. Walton recommended operating, especially as the growth had not yet attained to that size by which the great dangers from shock and loss of blood are risked. The possibility of being obliged to remove the testes was clearly pointed out. The evident vascularity of the part, and the known tendency to hæmorrhage, difficult to control, induced Mr. Walton to adopt the following plan, which served the double purpose of effectually preventing the possibility of untoward bleeding, and enabling him to get the testes completely out of the way:—The scrotum was raised and pressed on for a few minutes, so as to empty it of as much blood as possible, and then with a large needle, such as is used by upholsterers, threaded with strong twine, he tied it in segments close to the trunk—first pushing up the testes, so that they were quite above all that he intended to remove—and cut close to the nooses. As each strangulated part was liberated, the vessels were secured, and, altogether, twenty were tied. An attempt was made to effect adhesion by first intention, and with the best results, Although it was necessary to push up the testes, and draw the wound together with much force, which produced great strain on the sutures, nearly the entire wound united at once. The penis was then denuded of its diseased skin. This healed over quickly. Respecting the pathology, the author remarked, that subacute diffuse cellular inflammation of the integuments produced the organic changes. As to the morbid anatomy, it appeared that the epidermis was much thickened, but the true skin particularly so. The connective tissue between the scrotum and the testes was greatly hypertrophied, and intersected by large areolæ. The patient left London six weeks after the operation.

PECULIAR VASCULAR TUMOUR OF THE RECTUM.
BY R. QUAIN, ESQ., F.R.S.

The object of this paper was to describe and to discuss the nature of a tumour of the rectum, of which the author had

found no account in books. The chief characters of the growth were its vascularity and the absence of hardness, the surface being studded over with thick papillary vascular prominences of various shape. These, in fact, formed the chief and most characteristic part of the mass. The tumour had no connection, except with the mucous membrane of the bowel, from which it was an outgrowth. The author believed the disease not to be malignant, and he grounded his judgment upon the history of cases, upon a comparison with other cases, and upon the result of the examination of the structure of the tumours he removed in practice.

Mr. SPENCER WELLS had removed a growth, of a character similar to that in Mr. Quain's case, from the interior of the bladder of a woman. This patient was at first thought by the gentleman who saw her to be suffering from stone; but, on sounding, no calculus could be detected. There was considerable bleeding after each act of micturition, the blood following on the evacuation of the urine. Gallic acid was administered, and the bleeding diminished; but the hæmorrhage again returned, and the woman was reduced to an alarming state of anæmia and debility. She was again sounded, but no calculus was discovered. He (Mr. Wells) now determined to examine the bladder more fully, and dilated the urethra by means of a sponge-tent. The dilatation was effected in two or three hours. Near to the neck of the bladder a soft villous tumour, about the size of a large strawberry, was found. This was cut away with a pair of scissors; no ill effects followed, and the woman remains well. He thought, with Mr. Quain, that it was evident these tumours were not of a cancerous nature.

Mr. HENRY LEE related the case of a man who died in King's College Hospital after severe hæmorrhage from the bladder. After death, a tumour similar to the one in Mr. Quain's case was found. The villous projections were about half an inch high, with ragged terminal vessels, whence the bleeding had proceeded. This case was one of chronic disease.

Dr. O'CONNOR mentioned the case of a woman who was operated upon successfully in the Royal Free Hospital by Mr. Gant. She suffered from a tumour in the rectum similar to that in Mr. Quain's case.

PREPARATIONS FOR PRESERVING ANIMAL SUBSTANCES.

BY W. BRINTON, M.D.

Dr. BRINTON stated that the preparations before the Society were exhibited by Professor Raddi, Honorary Professor of Zoology, and formerly one of the Conservators of the Museum at Florence. They illustrated three processes discovered by that gentleman. The first showed a specimen so hard and heavy as almost to deserve the name of a petrifaction (the liver, heart, and lungs, attached to each other), was intended for permanent dry preparations, in which the colour and size of the original tissues were completely preserved. The second formed a dry preparation, which, on being moistened, could be dissected as though it were fresh. The third was a process applicable to meats, etc., intended for eating (and therefore devoid of the poisonous ingredients of the two preceding processes); and was illustrated by a piece of cold roast sirloin, thus prepared some two or three months ago, and retaining its characteristic colour and smell, though a little shrunken in size. As regarded the latter process, Dr. Brinton regretted that the proverbial proof of its perfectness it was not at present in his power to give. The Government, and various *savans*, intended, he believed, to test its usefulness. Certainly, if he fulfilled its promises, it would not only be much simpler and cheaper than the costly methods of preserving in tins, but would probably avoid that comparatively monotonous sodden flavour which the existing means of preserving meat implied; and flavour, he need not say, was in some sense a test of food, as well as an inducement to eat it. The second process, too, seemed likely to be valuable. But it was by the first that he thought the Society would be most interested. Many teachers of anatomy and medicine (in which term he of course included surgery) must have felt, as he had, the deficiencies of our museums in respect of large dry preparations. In wax, they demanded a high order of talent for their execution; and their costliness was only equalled by their fragility; so that a lecturer scarcely liked to uncover a valuable wax cast from its glass shade, and send it round a large class. Plaster, again, admirably adapted, when coloured, to give a cheap and effective representation of diseased surfaces or limbs, utterly failed to convey the details or relations of internal parts. Avoiding all these faults, Dr. Raddi's method did seem to him (Dr. Brinton) to promise to supply a great desideratum—large pieces of healthy or morbid anatomy, perpetuated (rather than represented) with perfect accuracy. How few, for example, were the good natural skeletons of our London museums! How useless, for accurate teaching, the artificial and distorted thorax of a skeleton, as ordinarily articulated! But Dr. Raddi's process promised to give, not only all the costal cartilages, but all the viscera beneath, with their normal size, shape, and relations. It was Dr. Raddi's wish, he believed, to dispose of his secret, either to a single institution, or to any museums or similar institutions which might combine to purchase it; and that, for its application, a mere immersion of the preparation, without dissection or injection, would suffice.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 1ST, 1859.

EDWARD RIGBY, M.D., President, in the Chair.

THIRTY Fellows were elected.

The PRESIDENT exhibited a preparation of the liq. ergot., made by Messrs. Curtis, which he had been in the habit of using with advantage for some time.

Mr. POUND, of Odiham, exhibited an Encephalous Monster.

A CASE OF INFANTILE SYPHILIS: WITH REMARKS.

BY T. H. TANNER, M.D.

In August 1851, a married lady was delivered of her first child, which was strong and healthy, and has since continued to be so. Soon after her labour, the husband contracted a syphilitic sore from a prostitute, for which he put himself under the care of an eminent surgeon. He took mercury, and was salivated; but two months after an apparent cure, he became affected with secondary symptoms, for which he again took mercury. Being nervous as to the consequences, he did not have intercourse with his wife until after the lapse of nine months from the date of his being primarily affected. At the commencement of 1853, the wife's health began to suffer, though not very materially; but on June 12th of the same year, she was delivered at the seventh month of gestation of a still-born child. Some months afterwards, her health began more decidedly to fail; spots appeared on her skin; she had a sore-throat, and her hair came off. In May 1854, she gave birth to her third child; it was dead, and she fancied she had not gone more than six months and a half with it. In the November of the same year, she aborted at the third month. In August 1855, she had a child born dead at the sixth month; and in October 1856, she was delivered at the eighth month of pregnancy of another dead child.

In March 1858, she first became a patient of Dr. TANNER, and was then put upon a course of bichloride of mercury for three months. On September the 24th last, she was delivered of a seemingly healthy live child. The labour took place some three weeks before its proper time. The infant only remained well about a fortnight, when it manifested all the symptoms due to constitutional syphilis. The treatment consisted in the inunction of mercurial ointment, no medicine of any kind being given by the mouth. In a month the child was apparently well in every respect, so that all medical treatment was discontinued; but a fortnight afterwards it died suddenly. At the *post mortem* examination every organ was found healthy, the brain, lungs, thymus gland, heart, etc., all presenting a perfectly natural appearance. The only change was in the blood, which seemed to be more watery than it ought to be.

The paper concluded with some remarks upon constitutional syphilis in infants, and with the recital of a case partly resembling the foregoing, recorded by old Richard Wiseman, Sergeant-Chyrurgeon to Charles the Second.

INVAGINATION OF THE INTESTINE, IN A CHILD AGED TWENTY MONTHS, SUCCESSFULLY TREATED.

BY T. BALLARD, ESQ.

The child became affected with invagination of the intestine, in consequence, as the author believed, of "fruitless sucking." The facts in support of the theory of fruitless sucking being a cause of this and other disorders of infancy, he had already brought before the profession. In the instance now adduced the child was cured, the sucking having been discontinued, and certain remedies administered.

ON THE MORE FREQUENT USE OF THE FORCEPS AS A MEANS OF LESSENING BOTH MATERNAL AND FŒTAL MORTALITY.

BY PHILIP H. HARPER, F.R.C.S.

The author first examined the question,—What are the ill

effects, either to the mother or child, produced by the forceps?—and endeavoured to show that not one of those usually ascribed to them could properly be attributed to use of the instrument itself; but only to its abuse. It appeared, from various authorities, that the causes of maternal death after their use, were the same as after unassisted tedious labour, and, therefore, that their origin must be sought in the delay, rather than in the use of the instrument; especially so long as it was only applied in the extreme cases of tedious labour. The causes of the large fœtal mortality were likewise to be found in the long continued and violent efforts made by the uterus on the child previously to its application, and which are more fatal than the compression of the instrument in the proper direction. The cases of unassisted, tedious labour, reported by Johnston and Sinclair, pointed to the fact that mere duration alone, without any abnormal circumstance, was a main element in rendering labour dangerous. Both the maternal and the fœtal mortality in their cases was greater in tedious labour than in their forceps cases. The maternal mortality in their craniotomy cases was greater than in either. Having spoken of the general powers of the instruments as extracters and rectifiers, Mr. Harper examined them as compressors, in order to discover how much compression might safely be exercised upon the fœtal head. He mentioned some experiments of his own upon children still-born after footling, and other such cases, where he applied forceps immediately after birth, and fastening the handles together with India-rubber springs, had left them on for a time, with the effect of much altering the form of the head, and diminishing its diameter, without any apparent injury to the brain. These cases, of course, only bore slightly upon the question of compression previously to the child's death. The brain must be pressed in a direction parallel with the base of its anterior lobes, to produce the dangerous effects spoken of by Radford and others. In practice this was not really so easy as it was to apply the forceps so as to exert pressure upon the prominent parts of the frontal bone anteriorly, and the junction between the middle and lower thirds of the occipital bone posteriorly. When they were applied thus, and compression gradually exerted, the posterior mass of brain was lifted into the hollow of the forceps, whilst the anterior lobes were depressed: this movement being similar to the one adopted by nature in moulding the head into the long oval shape. The author then spoke of the various states which may call for the use of the forceps, dwelling more particularly upon those dependent upon some such peculiarity existing in the uterus itself, such as rheumatism, spasm, irregular action of its fibres, irritability and debility, and which were very frequent causes of lingering and tedious labour. The period of the labour at which they should be applied was a very important question. It was not enough to show a small maternal mortality, but we must also have a small fœtal mortality. The second stage of labour ought to be steadily progressive, and if such be not the case we ought to interfere. The element of time ought not to be considered. Careful study of the positions assumed by the child's head, whilst passing through the pelvis, and not subjected to forcing pains without progressing, showed that the earlier the forceps were applied, the more favourable was the position in which they compressed the head. The mother was unexhausted, flooding was avoided, the soft parts were uninjured, and the child was alive. In examining the various states in which their early use is advisable, the author dwelt especially upon inertia and sluggishness of the uterus. To rouse an overworked and overtasked organ to fresh exertion was a very questionable proceeding. He brought forward statistics to show that ergot exerted a most deleterious action upon the fœtus. He had long ceased giving it under any circumstances previous to the birth of the child, but always used the short forceps instead, and with very great advantage, both to mother and child. In cases of disproportion, which for any reason did not admit of turning, the forceps should be applied early, especially as there was nothing more dangerous than the head being impacted in any one position. In bringing forward various statistical tables to prove the proposition, that "the earlier and more frequently the forceps are applied in proper cases, the more maternal and fœtal lives are saved," he separated all arm, breech, footling, and placental presentations, together with their maternal and fœtal mortality. It was necessary, also, to separate puerperal fever cases and those in which death arose from other labour causes, or from constitutional causes coincident with the occurrence of labour. The necessity for thus dealing with the statistics, in order to arrive at a just conclusion, prevented his using all the obstetric histories which had been published, as they did not all contain these data. He examined Collins, Hardy, and M'Clintock, Johnston and Sinclair, and his own statistics, and from them considered the proposition confirmed and proved.

Mr. Harper, in answer to questions from Dr. Barnes and Dr. Druitt, stated that in his private cases there had been no maternal mortality; there was a mortality, from all causes, of one in five hundred. The class of cases was mixed; four thousand and upwards were in a mining district.

Dr. Tyler Smith thought the facts related by the author were peculiar. Six thousand cases was a large number for one man to have attended, amounting to three hundred per annum for twenty years. The results were gratifying in an extraordinary degree. There were three hundred forceps cases, and only two deaths. Usually, the deaths were one in twenty. In Johnston and Sinclair's recent work, with the worst cases eliminated, the mortality was one in twenty. In Mr. Harper's cases it was stated to have been one in two hundred and fifty; and he appeared to have used the forceps with extraordinary frequency—once in twenty-six cases. Believing that the forceps might be much used, he yet considered this proportion far too frequent. There was an advantage in the statistics from public institutions, that they were perfectly reliable and open to investigation. He would certainly like to have some guarantees of the practice detailed in the paper. The consultation practice detailed was large.

Dr. Murphy was old-fashioned, and sufficiently "parrot-like" to repeat the adage that a "meddlesome midwifery is bad." The forceps had been used by the author of the paper to an unwarrantable extent. He remarked on the absence in the paper of details as to the causes producing the prolonged labour. False figures were infinitely worse than false facts. He would ask, had the Fellows met with the high mortality from tedious labours, in their everyday practice, which was laid down by the author? In face-presentation the forceps was not necessary. Nature required time, and time should be given her. He believed that more lacerations were caused by the forceps than in any other way.

Dr. Barnes observed that in the Royal Maternity Charity, the statistics of which he would adduce, the mortality was very low. In ten thousand cases the mortality was one in four hundred, or one in five hundred, rarely over one in four hundred. In that charity the kind of practice detailed by Dr. Murphy was faithfully carried out. Nature was allowed to act, and the forceps was rarely used. He thought that, to serve a useful purpose, the author should have divided his facts into two kinds,—those in which he did not, and those in which he did, use the forceps extensively. Disposed to go as far as anyone in reason, he still thought the use of the forceps once in twenty-six cases was far too frequent.

Dr. Granville had formerly much experience, and in many thousand cases directly or indirectly under his control he believed the forceps had been used only fifty times. He was astonished, both at the number of cases, and at the number of applications of the forceps.

Mr. Harper, in reply, stated that many questions put by Fellows would have been unnecesssary had there been time to read all parts of the paper *in extenso*. With reference to the facts upon which comment had been made, he could only say that they were as stated. He had practised until lately in a large mining district, where it was not at all unusual for one medical man to put five hundred women to bed in one year.

Editor's Letter Box.

THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Sir,—Is there any reason why the diplomas in medicine granted *in absentiâ* by sundry German universities, as Jena, Erlangen, etc., for a pecuniary consideration, accompanied by a certificate or two from some medical practitioners, should be rigorously excluded from registration as legal qualifications, while the license of the College of Physicians of Edinburgh, obtained in precisely the same way, and equally honourable or dishonourable to the holder, is held valid? In neither case is a previous examination or diploma in *medicine* required: a diploma in *surgery only* satisfies the Scotch physicians; and even this restriction was forced on them, or fifteen years unlicensed practice would have been sufficient. The certificate of *one* hospital physician is the only testimonial required by

them; and a statement by the candidate himself (uncorroborated) of preliminary and professional education; the space allowed in the schedule of queries sent by the College for the description of professional education being just five inches by two. Why, I ask, should the Medical Act shut up the German "Refuge for the Destitute", merely to encourage the Scotch?

Against the permanent regulations of the Edinburgh College of Physicians little objection can be urged, although it may be doubted if any addition to the number of licensing bodies be desirable. The temporary rules of the College are, however, very different: they are obviously intended to offer a cheap and easy (not to say dirty) protection to the numerous persons practising both medicine and surgery in England, but holding diplomas in surgery only, and who have either failed in passing an examination in medicine, or, for substantial reasons, decline making the attempt. It was not until the passing of the Medical Act made the license of the College available throughout Great Britain, that the Edinburgh Physicians offered their diploma without examination. The blind put forward is an implied intention of raising the *status* of the general practitioner, as if the license of the College were only intended as an honorary distinction, and granted to persons already legally entitled to practise medicine. This, unfortunately, it is not. Appended to the advertised regulations of the College is the following note:—"N.B. Under the *Medical Act*, Licentiates of the College of Physicians can claim to be entered in the Register, and can practise medicine in any part of Her Majesty's dominions," etc.

There is a remedy provided by the Act itself, in Sections xx and xxi, which authorise the General Council, in case it appear to it that the course of study and the examinations to be gone through, in order to obtain a qualification from any College or body, are not such as to secure the possession of the requisite knowledge and skill, to represent the same to the Privy Council, who may, if they see fit, order that the qualification granted by such body or College shall no longer confer a right to be registered under the Act.

As the British Medical Association was so instrumental in obtaining the passing of the Medical Act, with the hope of thereby regulating and elevating the profession, it will also, I trust, aid in preventing the same Act being abused by the greediness of a corporation, to the degradation of the profession. I would therefore suggest that, at the coming Annual Meeting of the Association at Liverpool in July, memorials to the General Council of Medical Education and Registration, and to Her Majesty's Privy Council, be adopted, requesting them to exercise the power vested in them, by refusing the right of registration as practitioners of medicine to all persons whose only title thereto is the license granted by the College of Physicians of Edinburgh without previous examination.

I am, etc., S. D.,
Licentiate in Medicine and Surgery.

June 14th, 1859.

PUBLIC VACCINATORS AND PUBLIC VACCINATION.

Sir,—In March last a circular was issued by the Poor-law Board, headed, "Instructions for Vaccinators;" in which certain rules were laid down to guide us in the operation. But some medical men, when they got them, did not feel quite so grateful as they might have done. At least, old hands like myself, who had been vaccinating for years past, thought it almost superfluous to be reminded *how to suck duck-eggs*. I write thus bluntly, because I thought then, and I think now, that it would be much more to the purpose if government and the Poor-law Board would awake to the fact that the "Compulsory Vaccination Act" is, to all intents and purposes, an immense sham. I do not deny that certain individuals have been fined for non-compliance with the Act, but such instances are rare; and, though it is *everybody's* business to see that the Vaccination Act is complied with, that monster does not appear to have delegated his duties to anyone in particular.

When I first began practice, I commenced a crusade against the non-vaccinated; but older heads than mine rested on shoulders that shrugged themselves at such mistaken zeal. "*Cui bono?*" was the cry of brother practitioners, coupled with the warning, "Never come the *compulsory* in practice." Reflection on the point showed me that the worldly-wise men were quite right; for, if the laws themselves concerning public health are slovenly and inefficient, private individuals cannot be expected to be martyrs for the national benefit. Nevertheless, like Walter Scott's old covenanter, I will "take up my testimony" against the absurdity of the present system. System! how can it be called a system? Why the very registrar in my parish has ceased to issue the papers to parents reminding them that it is their duty to have the child vaccinated; and though I have remonstrated on this laxity in writing, I do not think much benefit will accrue from it. The conviction is strong in my mind that till small-pox comes down upon England like "a wolf on the fold," the compulsory Vaccination Act, in its entirety, will never be carried out. Practically, at the present time, from the want of any one to wield the weapon, it is not worth a rush.

And yet how simple is the remedy for this! Why not invent such an individual (or set of individuals) as a Vaccination Inspector; dress him, not in "a little brief," but in permanent authority, and let it be his business from time to time to ascertain, in various unions, the births, deaths, and numbers vaccinated; the individuals who refuse to have their offspring protected *à la Jenner*, and so that the extent of the present evil may be defined and a cure may be applied. Mark my words: if no governmental inspection is ever instituted, the time will come in many rural districts when vaccination will degenerate into desuetude. It is not worth the parish surgeon's while to ride—

"O'er hill and dale, o'er moss and moor,"

to have a two-handed clack with some ignorant woman, and endeavour to talk down all her anti-vaccination nonsense. So, case by case, and child after child, will be, as they are, passed over; hereafter, perhaps, with some sort of retributive justice, to set up small-pox and send it home with Mr. Redtape's linen.

I am, etc.,
A Public Vaccinator with his hands tied.

June 14th, 1859.

P.S.—This very day I have been into one house with six children. Not one of them is vaccinated, nor likely to be. This is a specimen of numerous families round. I attend the mother in her confinements, and unless I lay an information before a magistrate and offend my patient, who will put in force the Compulsory Vaccination Act? I should like to know what other public vaccinators have to say on this subject.

TREATMENT OF WOUNDS OF THE PALMAR ARCH BY FLEXION OF THE ELBOW.

Letter from J. Toogood, M.D.

Sir,—In a conversation with the late Mr. Guthrie, some years since, on the best mode of treating wounds of the palmar arch, he agreed in opinion with me that injuries of this kind were often serious and perplexing, and that surgeons differed much in their practice; some advocating the tying the divided vessels in the palm, whilst others preferred placing a ligature on the radial, or ulnar, or the brachial artery. He admitted that cases had occurred in which all these modes had failed, and amputation had been resorted to.

In the British Medical Journal of May 14th and 28th, a Case of Wound of the Superficial Palmar Arch is related as having occurred in the practice of Mr. H. C. Johnson, in which ligatures were placed on the radial and brachial arteries unsuccessfully, and the arm was amputated: the case terminated fatally. I asked Mr. Guthrie to try the effect of bending the elbow to an acute angle, so that the fingers may rest on the point of the shoulder, keeping his other hand steadily on the pulse on his own person. He was much struck to find the current of blood so easily and effectually controlled by this simple process, and asked me where I got the "wrinkle". I referred him to my *Reminiscences of a Medical Life*, in which some cases are related. The plan proposed by M. Darwell, of forcible flexion, will, I think, be found generally successful, particularly if adopted as early as possible after the receipt of the injury. The principle he lays down is, "that in most arterial lesions of the forearm, forcible flexion supersedes the ligatures of the vessels".

I have seen this practice successful in a wound of the forearm accompanied with profuse and repeated hæmorrhages, the source of which was rendered uncertain from the swollen and altered state of the limb, but which was supposed to be from the interosseous artery. I suggested to Mr. Guthrie (as I often have since to medical friends) that the same practice may probably be adopted in some wounds of the lower extremities, and in some cases of popliteal aneurism; and, on making the experiment, he expressed his surprise at the ease with which the current of blood could be regulated.

I am glad to see in the JOURNAL two cases recorded in which the practice of flexion of the knee-joint was most successful in cases of popliteal aneurism. I am, etc.,

JONATHAN TOOGOOD.

Torquay, June 6th, 1859.

DOCTORS IN THE MARKET PLACE.

SIR,—"Let us not shout until we are out of the wood!" The proverb is a good one, and your leader in this day's JOURNAL has reminded me of it. My good sir, you are mistaken. Jack-puddings do still "plant their booths in the market-place"; aye, literally so. "The day has" *not* "gone by for this method of doing business." Read the following two advertisements, which I have clipped out of the column containing the "business announcements" in a recent number of the *Stamford Mercury*, a local newspaper in extensive circulation in these "diggings".

A CARD.

MR. THURLOW, Surgeon, &c., attends Alford Market every TUESDAY, from 12 till 3.

☞ Stall in the Market-place, opposite the Windmill Inn.—Anatomical Diagrams, &c.

A CARD.

MR. JOHNSON, Surgeon, HOGSTHORPE, attends Alford Market every Tuesday, from 12 till 3.

☞ Rooms at Mr. GOODHAND'S, shoemaker, opposite the George Inn.

The gentleman whose advertisement stands second—himself doubtless, in his own estimation, *nulli secundus*—and who has succeeded in what would seem to be a very perfect imitation of the "card" of his competitor, the proprietor of the "stall in the Market place", and of the "anatomical diagrams, etc.,"—is, I believe, *proh pudor!* a Member of the Royal College of Surgeons, and professes to be "a rigid observer of professional etiquette"!! At any rate, he figures on certain handbills as "Joseph Johnson, Esq., M.R.C.S.Eng."

I fancy the other gentleman's only qualification is a loud voice and a good deal of *cheek*.

The manager of the advertisement department of the *Stamford Mercury* must have had mischief in his eye when he placed the "business announcements" of these *Arcades ambo* in such close proximity. He saw, probably, that they were at least *cantare pares!* I am, etc., W. U. R.

From the Marshes of East Lincolnshire, June 18th, 1859.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

BROWNE. On June 20th, at 10, Bethell Place, Camberwell, the wife of Charles F. Browne, Esq., Surgeon, of a daughter.

COLLUM. On June 15th, at 1, Chester Place, Hyde Park Square, the wife of Robert Collum, M.D., of a daughter.

DALBY. On June 9th, at Glen Friars, Jedburgh, the wife of W. B. Dalby, M.D., of a son.

GARDNER. On June 12th, at Westbourne Terrace Villa, Upper Westbourne Terrace, the wife of Harry Gardner, M.D., of a son.

GILLETT. On May 27th, at Brooke, Norfolk, the wife of *George Gillett, Esq., Surgeon, of a daughter.

MOULD. On June 15th, at 1, Onslow Crescent, the wife of *John T. Mould, Esq., Surgeon, of a daughter.

MARRIAGES.

CURREY—HEYGATE. Currey, B. Scott, Esq., to Helen, eldest daughter of *James Heygate, M.D., F.R.S., of Derby, on June 16th.

ELWIN—NOBLE. Elwin, Charles J., Esq., Surgeon, of Broad Street Buildings, City, to Laura, youngest daughter of George Noble, Esq., of Surbiton, Surrey, on June 16th.

LAMBURNE—BARGROVE. Lamburne, Edward, Esq., Surgeon, to Margaret, only daughter of the late William Bargrove, Esq., of Dundall Farm, Kent, at Trinity Church, Southwark, on June 14th.

LAVER—JOHNSON. Laver, Henry, Esq., Surgeon, of Colchester, to Louisa, eldest daughter of Walter Johnson, Esq., of Colchester, on June 15th.

SMITH—ROSS. Smith, Alexander, Esq., Surgeon H.E.I.C.S., to Frances Louisa, widow of the late Rev. W. H. Ross, chaplain in the same service, at St. Pancras Church, on June 11th.

SOPP—BUSH. Sopp, George, Esq., of Ivy Church, Wilts, to Amelia, daughter of the late Charles Bush, Esq., Surgeon, at Writtle, on June 21st.

THURGAR—WILLINS. Thurgar, W. C., Esq., Surgeon, to Caroline Eliza, youngest daughter of the late Henry J. Willins, Esq., 30th Regiment Madras Native Infantry, at Heigham Church, Norwich, on June 21st

DEATHS.

ARNOULD, Joseph, M.D., aged 72, at Whitecross, Wallingford, Berks, on June 15th.

BAYLIS, John H., M.D., at 30, Princes Road, Kennington, aged 49, on June 15th.

FOX. On June 12th, at 10, Berkeley Square, Bristol, aged 6 months, Edward Long, infant son of *Edward Long Fox, M.D.

HEALE. On June 17th, at Brighton, Henry Newton, second son of James Newton Heale, M.D., of Winchester.

NOYES. On June 15th, at Lee, Kent, aged 3 months, the infant son of H. G. Noyes, M.D.

STEWART, David, Esq., Surgeon H.M. 92nd Highlanders, at Bombay, aged 43, on May 10th.

THOMPSON. On June 11th, at 42, Sussex Gardens, Hyde Park, Charles Thomason, only son of Charles T. Thompson, M.D., aged 2 years.

WALLACE, Richard, Esq., Surgeon, at 1, Trafalgar Place West, Hackney Road, aged 57, on June 11th.

WILLIAMS, St. George, M.D., Assistant-Surgeon Madras Army, at Kurnool, of cholera, aged 35, on May 2nd.

APPOINTMENTS.

GUY, William A., M.B., Physician to King's College Hospital, appointed Medical Superintendent of Millbank Penitentiary, in the room of William Baly, M.D., F.R.S., resigned.

SAVORY, William S., M.B., elected Lecturer on General Anatomy and Physiology in St. Bartholomew's Hospital, in the room of James Paget, Esq., F.R.S., resigned.

*WHITE, Joseph, Esq., was unanimously elected one of the Surgeons to the Nottingham General Hospital, at a Special General Board of Governors, held on June 22nd.

PASS LISTS.

APOTHECARIES' HALL. Members admitted on Thursday, June 9th, 1859:—

BRUCE, Robert, Hamilton, Lanarkshire
BRONNER, Edward, Bradford, Yorkshire
COOKSON, John Fowler, Preston, Lancashire
CROOME, William, Barnsbury Park, Islington
FRY, John William, Maidstone
NICHOLLS, Lucius, Eton, Bucks
RICKARDS, Richard, Clifton, Bristol
SASS, Edwin Etty, Henrietta Street, Brunswick Square
THOMPSON, Alfred Boyle, Coleraine, Ireland

The following gentlemen also, on the same day, passed their first examination:—

ROBERTS, John, Carnarvon
FRANKS, John, Sevenoaks, Kent
MOORE, Thomas, Hales Owen, Worcestershire

Thursday, June 16th:—

BARTER, Clement Smith, Bath
CANDY, John, Bombay
LAWRANCE, Frederick, Bleadon, Somersetshire
TAYLOR, Charles, Worcester
WILKINSON, John, Salford

The following gentlemen also, on the same day, passed their first examination:—

EDGER, William, Barnstaple
BAINES, Charles William, Bradford-on-Avon

UNIVERSITY OF CAMBRIDGE. Degrees conferred on Saturday, June 18th:—

Doctor of Medicine.

HUMPHRY, George Murray, Downing College
MARTIN, Robert, Caius College

Bachelor of Medicine.

CARVER, Edmund, St. John's College
DICKINSON, W. H., Caius College
LIVEING, Edward, Caius College

HEALTH OF LONDON:—WEEK ENDING JUNE 18TH, 1859.

[From the Registrar-General's Report.]

THE deaths in London, which have shown a continual decrease during the last seven weeks, declined to 913 in the week that ended last Saturday. In the ten years, 1849-58, the average number of deaths in the weeks corresponding with last week was 973; but, as the deaths returned for last week occurred in an increased population, they can only be compared with the average raised in proportion to the increase, namely, with 1,070. The fact that the deaths of last week were less by 157 than the number that would have occurred if the average rate of mortality had prevailed, is a proof of a comparatively satisfactory state of the public health.

Diarrhœa exhibits an increase; the deaths from this complaint, which were six in each of the two previous weeks, having been twenty last week. Besides these, two deaths from cholera are returned as follows:—"On June 13th, at Weitzell Cottage, Kensall Road, Chelsea, a boy, aged five months, choleraic diarrhœa (three days);" and "On June 15th, at 47, Wells Street, Marylebone, a dealer in fried fish, aged 39 years, choleraic diarrhœa (four days)." Small-pox was fatal in 14 cases, scarlatina in 43, and diphtheria in 13. In addition to the three cases mentioned in the last report as having been fatal in the same house, a fourth child is returned as having died last week, at 46, William Street, Kensington, from scarlatina and diphtheria; all the deaths in this family have occurred within ten days. Four children and two adults died last week from syphilitic disease; three persons from intemperance, besides four who are returned as having died from delirium tremens; four infants from cyanosis; two deaths were by murder; seven by suicide.

Last week the births of 852 boys, and 841 girls, in all, 1,693 children, were registered in London. In the ten corresponding weeks of the years 1849-58, the average number was 1,470.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·812 in. The barometer rose from 29·55 in. on Sunday, to 30·01 in. on Saturday, being respectively the lowest and highest readings in the week. The mean temperature of the week was 59·7°, which is 0·7° above the average of the same week in 43 years (as determined by Mr. Glaisher). The thermometer in the shade reached its *highest* point on Monday, when it was 77°, and fell to its *lowest* point, 47°, on Friday. The extreme range of the week was therefore 30°; the mean daily range was 21·5°. The range on Sunday was 11·5; that on Saturday was 27·3°. The difference between the mean dew-point temperature and air temperature, was 8·4°. The mean degree of humidity of the air was 73; on three days it was only 65. The mean temperature of the water of the Thames was 65·8°. The wind blew most frequently from the north-west. The rain-fall of the week was 0·23 in., all of which occurred on Sunday. On this day there was a thunder storm in the afternoon: and at Lewisham, rain fell to the depth of more than half an inch.

THE MEDICAL PROFESSION IN ITS RELATIONS WITH THE PUBLIC.

THE *Morning Post* of Monday, June 20th, contains the following remarks:—

"The ethical relations which ought to subsist between society and the medical profession; or, in other words, the duties and rights of each to the other and to themselves, is a subject which has hitherto received a very inadequate amount of public discussion, although it is frequently thrust into public notice by scandalous disclosures. Within the medical profession, we admit, its right understanding has, of late, been considerably promoted by the formation of district ethical associations. With the general public, the question has hardly made any progress. This is explained by the fact that fundamental principles have been less treated of than the details of etiquette which have been deduced from them, and by the social bearings of offences against professional propriety having been seldom intelligently discussed by the press, except within the narrow limits of medical journalism. Such offences, probably in all, certainly in most, cases, are crimes against society, so that it is a great error to confine debate regarding their causes and remedy to a single section of the community.

"The success of the swindling tricks of irregular practitioners is so manifestly the result of popular ignorance in its grosser forms, that we need not, for the present, say more regarding this description of impudent imposture, than this—that the only hope of preventing it lies in diffusing accurate knowledge regarding the structure and functions of the human frame, and the general laws which regulate health and disease. There are, however, offences besides those of cheating by false pretensions to possess power over disease. Have not cases recently occurred in which legally qualified medical men have been both truly and falsely accused of prostituting their professional status and knowledge to the foulest purposes?

"In very recent times, members of the medical profession have been arraigned for abetting and perpetrating, under the cloak of proper service, such crimes as murder by poison, fœticide, seduction, indecent assault, and tampering with the weak in regard to the disposition of property. Such offences by medical men are not common, but they occur with sufficient frequency to admit of being so analysed as to afford a clue to the means which ought to be taken for their prevention. Speaking generally, the medical men who have been convicted of perpetrating crimes against society by the aid of their profession, have been essentially defective in general education, and notoriously lax in their professional ethics. As only a limited portion of the public can apply these tests to the practitioners who swarm in every neighbourhood, it clearly follows that good would result from diminishing as much as possible the number of youths who begin the study and practice of medicine without an adequate educational basis. It would also be wise to endeavour to establish a few medico-ethical rules, acceptable to, and comprehensible by, all intelligent persons, lay as well as professional.

"The Medical Council will, it is expected, be able for the future, to prevent the various competing boards from receiving candidates till they have given satisfactory evidence of a sound general education. The institution of the preliminary educational test will debar many improper persons from access to the official medical register, the first edition of which, we are glad to observe, is announced for publication on July 1st. There is, therefore, every reason to believe that within a few years it will be impossible for illiterate adventurers, by the aid of coaching and cramming, to enter at a bound the lists of legal practitioners. Of course the public will be allowed, as at present, to entrust their health and lives to quacks of every species; but it will no longer be possible for quacks to pass themselves off as regularly educated. This fraud has hitherto been exceedingly common. The general recognition of a medico-ethical code by doctors and patients would, in conjunction with the new register, accomplish all that can be hoped for. The violators of the code would soon become known, and be trusted or distrusted, according to the taste of individuals for the regular or the irregular practitioner. It would be intolerant and absurd to interfere with the homœopathic, mesmeric, or other private enterprises opposed to the ordinary or eclectic medical practice. All that can be legitimately asked by the public from the professors of rival medical systems is that they should openly and always fly their real colours.

"Touching the difficulty of giving any guarantee of the general respectability, as well as of the professional status of practitioners, a writer in the BRITISH MEDICAL JOURNAL of Saturday, makes some reasonable remarks. He suggests that facilities should be afforded to all respectable doctors of medicine and surgeons, on attaining the age of twenty-eight or thirty, to become incorporated members of the Colleges of Physicians and of Surgeons. Before attaining that age a practitioner has generally shown whether he is worthy or unworthy of the confidence of his professional brethren, and, therefore, *pro tanto*, admission at that age into one of the corporations might fairly be regarded as a certificate of general good conduct, provided the only obstacle was a questionable or bad character. If certain colleges renounced their exclusiveness, and others their laxity, and admitted to corporate privileges, on easy pecuniary terms, all reputable practitioners of mature age, the medical register would be, on a large scale, a list of certificates of professional respectability, as well as of legal qualifications. The change

of policy now advocated would require to be cautiously inaugurated; but its successful accomplishment seems to offer so many benefits that we trust the difficulties with which it is surrounded may not deter reformers within the corporations from attempting it. The manner in which the Edinburgh College of Physicians has lately opened it portals, has undoubtedly produced no public benefits, and much confusion. The writer already quoted admits this. He says:—'It is an ugly fact that the Edinburgh College is at present drawing its recruits almost exclusively from practitioners living in England, and not known in Edinburgh for good or for evil.' Dr. Godfrey, who, according to his own account of himself, practises as a physician in one metropolitan locality, and vends drugs in another, is a recently elected Fellow of the Edinburgh College. This circumstance we do not mention to his disparagement, but to show that the Edinburgh College, when they elected him to a Fellowship, can have known very little about him; because all colleges of physicians profess to exclude practising apothecaries. We do not wish to believe all that has been alleged against Dr. Godfrey, at the two trials recently reported in our columns; but, even if we dismiss accusations of doubtful validity, he is convicted, on his own confession, of improprieties which, if reconcilable with the status of a fellow of a college of physicians, reduce the dignity of that status below zero. The question for the public is this—Cannot all the Medical Colleges be induced to co-operate for the purpose of making their fellowships tests of professional approbation? It is only when such titles are so regarded that they possess the slightest value.

"The contemplation of exceptional cases of delinquency on the part of individuals, must not, however, lead us to forget that probity, delicacy, and self-sacrifice, preeminently characterises the British medical profession in its every grade. It cannot be for lucre only that the Gideon Grays toil and die. Mungo Park, alluding to the hardships of the life of a country surgeon, exclaimed, 'I would rather go back to Africa than practise again at Peebles.' The high tone and self-sacrifice of the medical profession is nobly sustained by the lofty ethical spirit which pervades the teachers in our leading medical schools. There the students are frankly told that the ways of the tactician and the charlatan often lead to affluence, while not unfrequently the sole reward of patiently studying disease is an approving conscience. The result is apparent. Thousands practise the profession of medicine, not merely for a livelihood; but likewise as a means of doing good, fully recognising that the temporal life of an immortal being is a solemn trust, for which an account must one day be rendered."

TESTIMONIAL TO ARCHIBALD ROBERTSON, M.D., F.R.S.

Above one hundred members of the medical profession, in Northampton and the neighbourhood, have recently presented a testimonial of their respect and esteem to Dr. Archibald Robertson, Physician-Extraordinary to the Northampton Infirmary, and one of the Vice-Presidents of the British Medical Association. The testimonial consisted of a silver urn, accompanied by an ornamented volume containing the names of the donors, and by the following address:—

"*To* Archibald Robertson, M.D., F.R.S., *Northampton.*

"Sir,—At a meeting of the South Midland Branch of the British Medical Association, held at Wellingborough, on September 30th, 1858, it was proposed and carried by acclamation, that a testimonial of professional regard should be presented to you, limiting the subscription of each medical man to one guinea; and the result has been that we are enabled to offer for your acceptance the accompanying piece of plate.

"You will not, sir, consider this small tribute of our affection with reference to its money value, for if you did so, it would be an unworthy gift; but you will consider it as one of those spontaneous offerings of the heart which impress upon it an intrinsic value exceeding gold and silver. It is presented nearly by one hundred and twenty of your professional brethren, who have long known your worth, who appreciate your talents, and value you for the possession of qualities as rare as they are excellent.

"No one amongst us but has personally experienced your kindness, partaken of your hospitality, enjoyed that gentleness and urbanity of manner which is your peculiar characteristic, and been enlightened by your wisdom and judgment in the trying moment of professional difficulty.

"Upwards of thirty years intimacy with an individual necessarily developes his character; but many of us can speak of you for a much longer period. We assume, then, that we understand the nature of the spirit within you, and that this little gift will be fairer and brighter in your eyes than one of infinitely more value presented under other feelings, however excellent those feelings might be. Ours is a token of love, not induced by any of those extraordinary acts performed, or assumed to have been performed, which renders this an age of testimonials, but excited by the kindly exercise of noble qualities which have ever graced, and we believe always will grace, your character.

"The widow's mite was acceptable in the sight of God because the heart accompanied the gift; so will our gift be acceptable to you, as so many have combined their best feelings to present it.

"May you, our esteemed and valued friend, long live in the quietness of your retirement, blessed with such a measure of health and happiness as will render your latter days calm and peaceful. May those who are near and dear to you be preserved to exercise their love and tenderness, and be to you a solace and a joy, and may God's Holy Spirit animate and console you, so that when it pleases Him to remove you from your temporal home, He may transfer you to that 'rest which is prepared for the people of God', and to that mansion 'not made with hands, eternal in the heavens'."

To this, Dr. Robertson has returned the following reply:—

"Gentlemen,—No language of mine would be adequate to express the depth and fervour of the gratitude I feel for your unexpected, and, I may add, undeserved kindness. My intercourse with all and each of you, for a series of years, has stamped upon my heart and memory many pleasing recollections, which will end only with my life.

"Your munificent gift of the silver urn and ornamental volume of names, will hand down to those that come after me the high distinction that has been conferred upon me—a distinction which will be prized amongst their proudest recollections. "Believe me to be, gentlemen,

"Your ever obliged and faithful servant,

"Archibald Robertson.

"Northampton, May 31st, 1859."

TO CORRESPONDENTS.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Members should remember that corrections for the current week's Journal should not arrive later than Wednesday.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a written letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

NOTICE.—Dr. Wynter will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Communications have been received from:—Dr. Thomas Sandwith; Mr. G. M. Humphry; Dr. Lionel Beale; Dr. T. Inman; Mr. L. Lodge; Mr. G. May; Mr. Alfred Higgs; Mr. William Gorman; Dr. P. H. Williams; Dr. E. L. Ormerod; Mr. T. Holmes; Dr. J. Heygate; Mr. Joseph White; Dr. T. Skinner; Dr. J. Watson; Mr. Oliver Pemberton; Dr. Hyde Salter; and Mr. T. M. Stone.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the names of Members of the Association.*]

1. A Treatise on Vital Causes. By James Newton Heale, M.D. London: John Churchill. 1859.
2. On Hallucinations: a History and Explanation of Apparitions, Visions, Dreams, Ecstasy, Magnetism, and Somnambulism. By A. Brierre de Boismont, M.D. Translated from the French by Robert T. Hulme, F.L.S. London: Henry Renshaw. 1859.
3. Lectures on Pathological Anatomy, delivered at Guy's Hospital during the Summer Sessions of 1857 and 1858. By Samuel Wilks, M.D.Lond. London: Longman & Co. 1859.
4. On the Treatment of Internal Aneurism by the Method of Valsalva: being a Paper read before the Surgical Society of Ireland. By T. Brady, M.B., T.C.D. Dublin: Fannin & Co. 1859.